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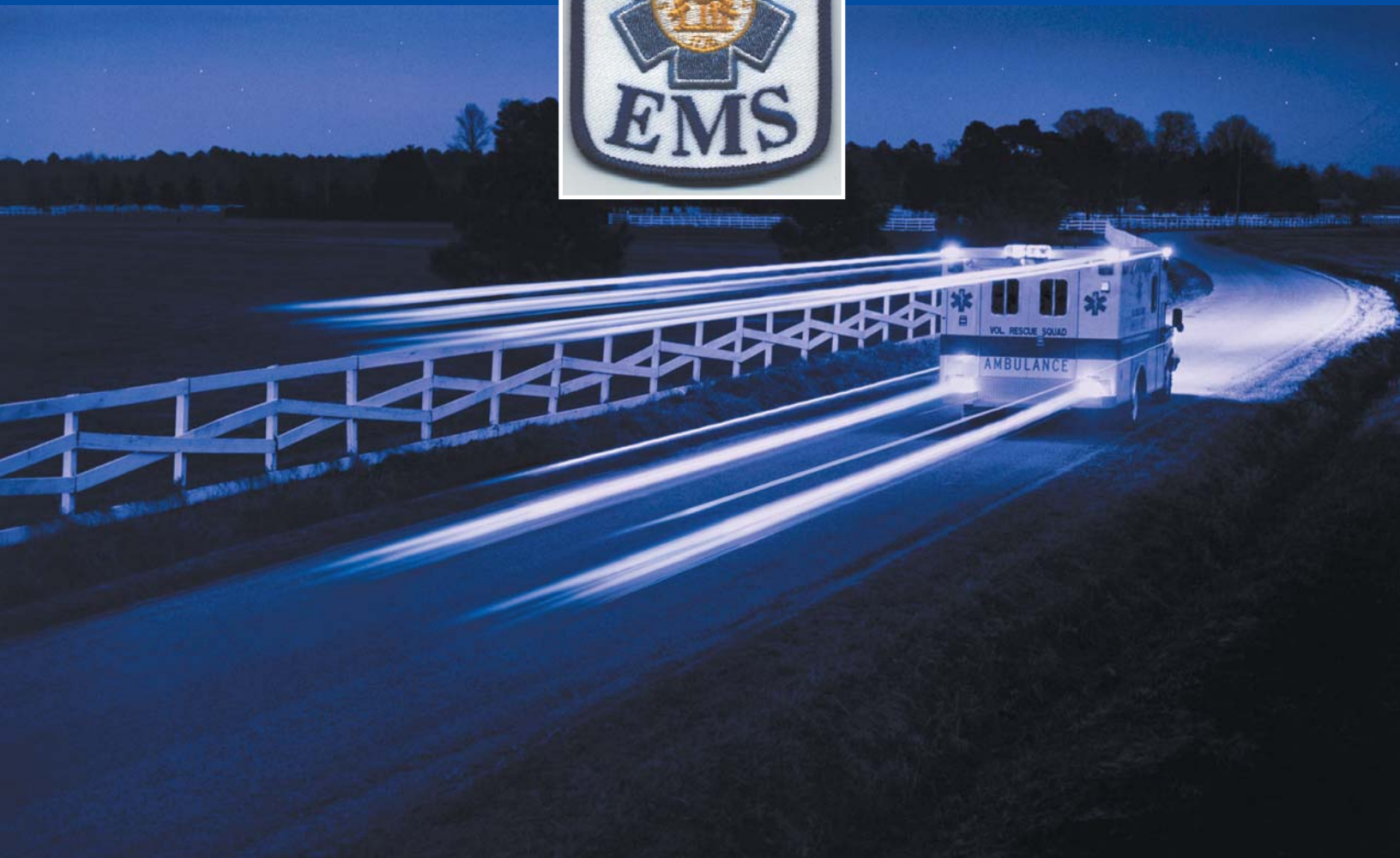
GEORGIA DEPARTMENT OF HUMAN RESOURCES, DIVISION OF PUBLIC HEALTH

OFFICE OF EMERGENCY MEDICAL SERVICES/TRAUMA

OPERATING REPORT

GEORGIA
DEPARTMENT
OF HUMAN RESOURCES
EMS

Aligning people, processes and technology

DHR

Georgia Department of Human Resources,
Division of Public Health

**OFFICE OF EMERGENCY MEDICAL SERVICES/TRAUMA
(OEMS/T)**

ABSTRACT

This document provides an operating report, organization description and basic statistical characterization of Emergency Medical Services *(EMS)* in Georgia. The contents of this report are based upon the regulatory records of the Georgia Office of Emergency Medical Services/Trauma, Division of Public Health, Department of Human Resources. The statistical tables are taken from an analysis of statewide Patient Care Reports and other operating data from 2000 through 2005. The statistics in this document provide a baseline for the continuing examination, comparison and improvement of Georgia statewide EMS operations.

In an economy of reduced public spending, the publication of this information directly supports initiatives to understand and improve statewide EMS operations.

DOCUMENT ORGANIZATION

Emergency Medical Services in Georgia is best-understood if sequentially read; however, each section stands on its own as a substantive description of EMS operations in Georgia.

Emergency Medical Services in Georgia
Operating Report

A Message From the Director

Stuart T. Brown, MD
Director, Division of Public Health
Georgia Department of Human Resources

The Georgia Division of Public Health (GDPH) is the lead agency entrusted by the people of the state of Georgia with the ultimate responsibility for the health of communities and the entire population. Our vision is a Georgia with healthy people, families, and communities, where all sectors unite by pooling their assets and strengths to promote health for all. We bring to all Georgians a commitment to improving health status through community leadership, expertise in health information and surveillance, and assurance of a safer environment. Our mission is to promote and protect the health of people in Georgia wherever they live, work, and play. Accordingly, a strong and vibrant Emergency Medical Services capability is essential to public health in Georgia.

I am pleased to make available this first year's publication of Georgia's Office of Emergency Medical Services/Trauma Operating Report.

The collection and publication of EMS operating data marks a major milestone in the development of objective information to support EMS system development in Georgia. While these data are largely descriptive, they enable us to begin to have the capability to link EMS data with other public health information sources. With this information, Georgia begins to possess a distinct ability to identify risk factors, foster interventions to prevent injuries and understand how the integrated delivery of EMS resources can further benefit patient outcomes.

We are grateful to the National Highway Transportation Safety Administration (NHTSA) Emergency Medical Services for Children (EMSC) program for their grant funding to support this publication.

Stuart T. Brown, M.D., has had a distinguished career in the field of medicine and public health. After receiving his A.B. from Dartmouth College, he received his M.D. degree from Cornell Medical School. In 1971, Dr. Brown served as Chief of Outpatient Clinics at the U.S. Army Hospital in Bangkok, Thailand. On assignment by the Centers for Disease Control and Prevention (CDC), he worked with the Seattle Health Department for two years before accepting a position with the Neighborhood Union Health Center in Atlanta, where he served for four years. A second CDC assignment took him to Geneva, Switzerland, as a medical officer with the World Health Organization. From 1980 to 1984, Dr. Brown worked as an Associate Director at the CDC, directing international projects which focused on sexually transmitted diseases. Remaining within the CDC, he was appointed director of the Division of Injury Epidemiology and Control in 1984, where he continued until 1989. A third CDC assignment brought him to the DeKalb County Board of Health, where he served as director of the STD/HIV program for three years; he subsequently served as the medical director for the DeKalb County Board of Health. In March 2004, he was appointed Interim Director of the DeKalb County Board of Health. In January 2005, Dr. Brown was named Acting Director of the Division of Public Health, Georgia Department of Human Resources and has served since June 2005 in his current position as Director of the Division of Public Health.

OEMS/T Mission

To encourage, foster, and promote the continued development of an optimal system of emergency medical and trauma care, which provides the best possible patient outcome.

Vision

By promoting excellence, providing uniform statewide regulation, and promoting healthy communities, we seek to be valued by those we serve. An important by product of regulation is value-added information for emergency preparedness, public health, EMS research, and strategic governance. By managing knowledge, EMS can improve public health in Georgia.

Values

Excellence: We promote excellence, achieve and maintain quality results.

Integrity: We are committed to honesty, fairness, and trustworthiness in the best interests of the citizens of Georgia and those that represent state government.

Teamwork: We encourage active collaboration to solve problems, avoid conflict, make decisions, and achieve common goals.

Ej Dailey, Acting Director, OEMS/T
The Georgia OEMS/T builds public health infrastructure through strong strategic planning, teamwork, and coordination among the ten EMS Regions. In 2005, EMS significantly improved its ability to communicate data as an integrated component of Georgia's overall healthcare system.

First EMS Operating Report

The publication of this document marks a strategic milestone for the OEMS/T. This is the first time in Georgia's history that statewide EMS data has been formally aggregated, cleaned, analyzed, summarized and reported. The publication of Georgia's EMS operating information marks a major milestone in the evolution of the statewide EMS system.[1]

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[1] Mr. Frederic J. Grant IV, PhD (Cand), MBA, CDP is the Principal Investigator and author of this publication, and the Manager of the Operations Analysis & Research of OEMS/T.

A Message from the State Office of Emergency Medical Services/Trauma (OEMS/T)

Strategic development starts with knowledge of the past, an assessment of the present, and a desire for higher performance in the future. Strategic change can be defined as a change in the form, quality or state over time in the overall pattern of alignment of an organization with its environment.[2] The purpose of this operating report is to present information regarding EMS in Georgia—its past, present and future.

In 2005, the Georgia State Office of Emergency Medical Services/Trauma, made significant strides in its regulatory capabilities. These improvements were based upon the alignment of *people, processes and technology* to strategically support the statewide needs of the EMS community.

From the *people* perspective, a statewide survey of EMS services was completed. A publication is available which summarizes the survey results. The survey primarily investigated the question: Is there a shortage of EMS professionals in Georgia? The results indicated that all groups and categories of EMS providers in all regions of the state perceived a shortage of EMS professionals. Other findings are summarized regarding trends in EMS pay, benefits, hours worked and certain aspects of EMS operations. Several of these findings have potential implications for statewide emergency preparedness.[3]

From the *process* perspective, new *Rules and Regulations* went into effect, March 17, 2005. From the *technology* perspective, publication of the *GEMSIS Strategic Plan* provides a roadmap for EMS system-wide improvement based upon the use of hard data. This coupled with the acquisition of web-based software significantly improved the data processing capabilities of the OEMS/T. A contract was awarded to ImageTrend to provide the OEMS/T a web-based system to support the receipt and analysis of Georgia Patient Care Report (PCR) data. The base system installation has been completed; the system is operating in a test mode. The system resides at Skyland Drive. PCR data from 2000 through 2005 is being converted into the NEMSIS data standard. Pilot operations for the new system will begin in the first few months of 2006.

For Georgia EMS to advance, a shared vision is required. This shared vision must be tangibly based upon our history, where we are today and where we must be tomorrow in order to be meeting the dynamic needs of the State of Georgia.

Publication Objectives:

❶ *Provide an overview of the State Office of Emergency Medical Services/Trauma regulatory and programmatic areas.*

❷ *Establish a context for understanding the strategic public health significance of EMS operations in Georgia.*

❸ *Present a preliminary statistical characterization of statewide EMS and trauma programs based upon available programmatic data from 2000–2005.*

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[2] Rajagopalan & Spreitzer, 1996, p. 51

[3] http://www.legis.state.ga.us/legis/2005_06/fulltext/hr830.htm

Trauma in Georgia:
A Call to Action

Trauma is a physical injury or wound caused by external force or violence. In Georgia, motor vehicle crashes and falls are the most frequent incidents that produce traumatic injury. Trauma is the number four killer in the U.S. today behind cardiovascular disease, stroke, and cancer. It is the leading killer of persons under age 44.[4]

Traumatic injury is producing in excess of $170 million of uncompensated hospital care annually in this state. This uncompensated care is being provided by a healthcare system that is very fragile fiscally and in danger of collapse. According to recent statistics, approximately two-thirds of Georgia's hospitals are operating in the red. The recent economic downturn has accentuated an already-significant problem for

Dr. J. Patrick O'Neal, State EMS Medical Director, OEMS/T
Trauma in Georgia is a significant Public Health Problem. Traumatic injuries are the leading cause of death for Georgians between the ages of 1 and 44—very productive years. On an annual basis, over 50,000 Georgia citizens experience traumatic injury; 8-9% die as a result of their injuries. In most counties in Georgia, the rate of death from injuries is significantly higher than the U.S. rate. A call to action is needed…

hospitals. The tremendous increase in uninsured patients, the reductions in Medicare/Medicaid reimbursement, the increasing penetration of managed care, and the escalating costs of malpractice coverage both for hospitals and for individual practitioners are bringing about the closure of some hospitals and significant reduction in services in others. The malpractice crisis, itself, is causing a significant number of essential surgical sub-specialists to relocate to states with a more favorable malpractice climate. In 2005, Georgia took a major step forward through several actions:

(1) legislation to cap malpractice claims,

(2) the publication of its trauma system data, and

(3) continued participation in the NTDB (National Trauma Data Bank).

These actions marked forward progression in the development of statewide trauma system.

In Georgia, because we currently lack a statewide, inclusive system, our ability to provide optimal care is constrained. We are working diligently to address this situation; however, no single organization or agency can create a solution to this problem. A call to action is needed.

[4] Bledsoe, Porter & Cherry, 2003, p. 815

Areas of the U.S., which have established trauma systems, show dramatic reductions in death and disability from traumatic injury—as much as 20–40%. If the Georgia traumatic death rate were just equal to the national average, we could likely save an additional 700+ lives per year.

Emergency Medical Services and trauma care cannot and should not be separated. The reasons for this have to do with time and access to optimal care facilities. Trauma literature often addresses the golden hour. This hour refers to the short window of opportunity during which one may successfully treat major traumatic injuries.

The clock for the golden hour begins to tick at the point the traumatic event occurs. Depending on where the victim is located in the state, the pre-hospital response may require from 3 to 45 minutes. There may be an additional 10 to 60 minutes before the patient reaches a medical facility—and then not necessarily the appropriate facility. Factor in to this timeline that the patient may have needed on-scene extrication or transfer from one facility to another, and an additional 8 to 10 hours may elapse before the appropriate level of care is being rendered.

There are still many areas of the state that do not have rapid access to trauma centers. And, although many hospitals do render quality care to injured patients, the standard of care is not uniform—a situation that could be corrected through participation in an organized, statewide system.

In 2005, data indicate that trauma is a serious problem in Georgia; a call to action is needed. Georgia must take steps to recognize that trauma is a major health hazard. Ignoring this problem will only intensify it. We have an ethical obligation to provide a comprehensive trauma care system that will prevent trauma when possible but will guarantee rapid access and high quality trauma care when injury occurs. Additionally, it is increasingly apparent that an effective trauma system is an essential ingredient for Homeland Security. As we have moved into this new age where terrorism is no longer isolated to other lands, an effective trauma system needs to be part of the foundation for our emergency preparedness efforts.

In Georgia, because we currently lack a statewide, inclusive system, our ability to provide optimal care is constrained.

What is EMS?

Emergency Medical Services *(EMS)* is a comprehensive network of personnel, equipment, and resources established to deliver aid and emergency medical care to the community.[5] EMS is an umbrella term for a continuum of prehospital care activities involving personnel, equipment, procedures, systems and community programs.[6] In everyday terms, emergency medical services centers on rapid response, initial treatment, and safe transport of a patient to an acute care hospital facility.

While precise numbers are not available, EMS on a nationwide basis treats and transports approximately 25 to 30 million patients per year. In Georgia, EMS received an estimated 940,000 calls in 2005. As an important point of entry into the healthcare system, EMS is in a unique position to favorably impact patient outcomes.

EMS in Georgia is principally about the care of sick and injured patients by qualified, licensed providers and their rapid and safe transport to an appropriate health care facility. Every ambulance in the State of Georgia must contain the proper equipment and medications and be licensed. Appropriately qualified and licensed medical personnel must staff every licensed EMS vehicle. EMS providers must retain a medical director–

a physician who is legally responsible for all clinical and patient-care aspects of treatment. Appropriate medical care protocols must be in-place and utilized; and, the initial care provided must be properly transitioned to a definitive health care facility.

The quality of Georgia's prehospital care is assured though the licensing of both personnel and equipment, and the assurance of appropriate medical control during patient care processes. Licensed medics use approved medical protocols to care for sick and injured patients while rapidly and safely transporting them to hospitals and other health care facilities where they can be treated and recover.

In Georgia, EMS represents a broad and complex collection of private, community and governmental organizations, services and environments providing prehospital health care related services. Accordingly, EMS regulation covers the full spectrum of emergency care from recognition of the emergency, prehospital medical treatment, and patient transportation through patient receipt at a hospital or definitive care facility.

Collectively, these services and programs comprise the EMS gateway to health care and certain types of medical emergency preparedness for state citizens and visitors.

[5] Bledsoe et al. (2003, p. 9)

[6] GAO (2001, p. 4)

EMS also includes a number of specialized topical areas including:

❶ *Paramedic and Emergency Medical Technician (EMT) training and licensing.*

❷ *Ground and air ambulances and specialized equipment including Automated External Defibrillators (AEDs).*

❸ *The planning of medical responses to disasters including disease out-break.*

❹ *The planning for the provision of medical coverage at mass gatherings.*

❺ *Emergency preparedness including bioterrorism planning.*

❻ *Interfacility transfers of patients.*

❼ *Community health care (prevention) education.*

❽ *Emergency medical services for children (EMSC).*

❾ *The longitudinal study of trauma from incident to outcome.*

While the concept of EMS centers on rapid response, initial treatment, and safe transport of a patient to a health care facility; it is now generally recognized that EMS also plays a role in improving community health and takes planning actions that result in better and more appropriate uses of acute health care resources. Additionally, EMS also provides an essential strategic element for homeland security, bioterrorism preparedness and preparedness against other threats, which require the mobilization of significant emergency medical resources.[7]

In everyday terms, emergency medical services centers on rapid response, initial treatment, and safe transport of a patient to a health care facility.
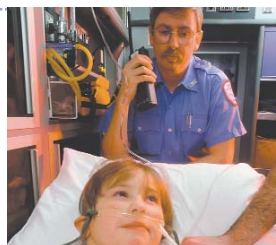
[7] EMS Agenda for the Future, 2000, p. 5

History of EMS in Georgia

EMS in Georgia is over thirty years old. Emergency medical care has developed significantly in the past 30 years; Georgia can be proud of the role that many of its professionals have played in furthering EMS as a medical discipline. In the not-so-distant past, local Georgia funeral homes were the primary ambulance providers and patient care did not begin until arrival at a hospital. Since that time, EMS has grown increasingly sophisticated in recognition that what happens to a sick or injured person before they reach a hospital is of critical importance. Initially, medics were trained in basic life support (BLS) including basic airway management, CPR, and skills for managing serious cardiovascular problems. Today, most of the procedures that Georgia medics employ to management cardiovascular emergencies fall into the category of advanced life support (ALS).

In the not-so-distant past, local Georgia funeral homes were the primary ambulance providers and patient care did not begin until arrival at a hospital.

Basic Life Support (BLS):

The basic level of care provided by first responders and emergency medical technicians (EMTs). Care includes basic airway management, care of choking victims, oxygen administration, hemorrhage control, splinting fractures, CPR, automated defibrillation and immobilization of spinal injuries.

Advanced Life Support (ALS):

Includes the services of basic life support (BLS) and advanced emergency care. ALS personnel provide intravenous therapy, endotracheal intubation, PASG application (considering new protocols), cardiac monitoring (ECG), cardiac defibrillation and external pacing, drug therapy, relief of pneumothorax, and other invasive procedures and services. Personnel respond in either a transport-capable ambulance vehicle or in a non-transporting vehicle such as a fire department engine or separate response vehicle.

Although more advanced services are provided by ALS personnel, both BLS and ALS provide crucial life saving procedures in time of need.

The Office of
Emergency Medical Services/Trauma *(OEMS/T)*

A Brief History

In the late 1950's, the effectiveness of mouth-to-mouth ventilation and closed cardiac massage led to the realization that rapid response of trained persons to cardiac emergencies could help improve outcome.[8] The introduction of these techniques into the public consciousness provided the foundation on which the concepts of Emergency Medical Services, BLS and then ALS could be built.

In the early 1970's, at the federal level, Congress passed the Emergency Medical Services Act in 1974. This act established the necessity for managing EMS communications, transportation and certain related public health functions. Concurrently, the Georgia General Assembly recognized that EMS was a substantial matter of importance to the people of the State of Georgia. Through legislation, which ultimately became known as *Title 31, Chapter 11* of the *Official Code of Georgia Annotated*—the Georgia legislature established the functions in law that are administered by the OEMS/T.

The first statewide EMS plan for Georgia was prepared in 1974. This document evolved in the 1980's and substantial revisions occurred to the plan in the mid and late 1990's. In general, the evolution of statewide plans coincides with the progression of federal legislation and block grants, state government stakeholder interactions, as well as through the activities of a professional and dedicated staff.

In 1996, a group of representatives from private and public emergency medical services, the State Office of Emergency Medical Services & Preparedness and the ten affiliated district EMS offices was convened as a State EMS Planning Task Force for the purpose of determining the long range goals of Georgia's EMS system and to create a new State EMS plan. This group was charged with the responsibility of examining where we are now vs. where do we want to go. Once these goals were developed, the committee was then charged with the responsibility of determining a path of least resistance for attaining this direction. These efforts resulted in the publication of the *State EMS Plan*, dated 1998.

In 2003, three stakeholder committees comprised of EMS professionals representing all of the ten EMS Regions of the state participated in the development of the Georgia EMS Information System (GEMSIS) plan. These committees were: Infrastructure, Data, and Reporting. Each of these committees had specific deliverables within broad areas of responsibility. The inputs from each committee represented the summarization of years of EMS/Trauma and EMSC experience. The areas of infrastructure, data, and reporting can be conceptualized as interlocking spheres of knowledge that when integrated provide coherence to statewide EMS activities. The GEMSIS plan was published in 2004 and now guides EMS strategic development plans through 2007. The goals of the GEMSIS plan are summarized in Appendix A.

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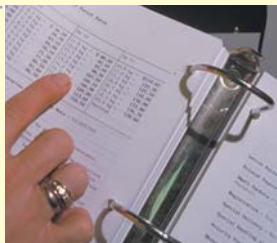
[8] DOT, 1999, p. 3.

State Office of EMS/T Organizational Mandates

Beyond regulatory responsibilities, the State Office of Emergency Medical Services/Trauma is responsible for a broad set of goals. The objectives for the EMS and Trauma related areas are stated as follows:

❶ To provide and maintain support for regional planning, development, expansion and improvement to each of the ten EMS regions.

❷ To provide statewide coordination of training programs.

❸ To provide technical support within each EMS region for the establishment of region-wide medical control of the EMS system.

❹ To provide for annual assessment of regional planning and development of each EMS region.

❺ To assure continued system development and quality improvement.

❻ To incorporate the special needs of children in EMS system development.

❼ To provide an integrated EMS Information System for local, regional and state planning and evaluation of system development.

Accordingly, as indicated above, the Office of Emergency Medical Services/Trauma functions in many roles and on several levels. Through its Regional Office locations, it is in touch with the communities that it serves.

State Office of EMS/T Organization

The State Office of EMS & Trauma is an important part of Georgia's overall health care system. The organizational chart on the next page illustrates the placement of the Office of Emergency Medical Services/Trauma as an operating component within state government. Specifically, the State Office of Emergency Medical Services/Trauma is part of the Department of Human Resources Division of Public Health, and a branch of Environmental Health and Injury Prevention.

The State Office of Emergency Medical Services organization corresponds to its regulatory and functional responsibilities.

The following diagram displays the major programmatic areas in which the State Office of Emergency Medical Services/Trauma is involved and reflects its statewide activity charter.

Fred Grant, Operations Analysis Manager, OEMS/T
An important by-product of regulatory activities is value-added information for EMS stakeholders and Georgia's citizens. Information, education, research, and strategic action underlie the foundation for emergency preparedness and directly support the future of EMS in Georgia.

Org Chart

- EMS Director
  - Executive Secretary
  - EMS-Trauma Medical Director
    - Trauma Systems Manager
    - SNS/Chempack Coordinator
      - Pharmacy Manager
      - Administrative Assistant
  - Emergency Preparedness Coordinator
    - Admin. Assistant
      - Emergency Preparedness Coordinator
      - Exercise Coordinator
      - Exercise Coordinator
      - Exercise Coordinator
  - Hospital Preparedness Coordinator
    - Prof. Healthcare Worker
    - Healthcare Director
    - Emergency Logistics Coord.
    - Program Operations Specialist
  - Emergency Preparedness Coordinator
  - Deputy EMS Director
    - Eight Regional EMS Program Directors
    - PHSO Program Director
    - Program Evaluator
    - EMSC Program Manager
    - Contracts Manager
      - Operations Support Coordinator
    - Program Associate
    - Operations Analysis Manager
      - Program Assistant
      - Trauma Systems Data Registrar
      - EMS Data Registrar
      - Statistical Analyst
    - EMS License Compliance Officer
      - Agency Licenses Program Assistant
      - Personnel Licenses Program Assistant

EMS Regulated Components

The Georgia EMS system is comprised of the following regulated components:

❶ *Licensed Prehospital Emergency Care Personnel and Instructors*
❷ *Trauma System Facility Designation, Redesignation.*
❸ *Ground Ambulance Services.*
❹ *Medical First Responder Services*
❺ *Neonatal Transport Services*
❻ *AED's (Automatic External Defibrillators).*

Currently excluded from regulation are medical dispatch personnel and medical first responder personnel.

EMT Personnel and Instructor Certification

As summarized in the table below, the State of Georgia currently has records for valid certifications for 13,927 EMT practitioners, including 421 EMT-Basics, 8,349 EMT-Intermediates, and 5,063 EMT-Paramedics. There are also 94 Cardiac Technicians. Of the 13,927 EMTs in the state, 1.8% are EMT-Basic personnel. 62.9% are at the EMT-Intermediate level and 34.5% are EMT-Paramedics.

Statewide EMS also includes thousands of first responders—these include local, county, or state police and fire services.

There are over 450 certified EMT instructors.

EMS can be delivered by either paid or volunteer personnel at a stand-alone local government EMS agency, fire department, hospital, for-profit or non-profit private company, or by other less common ways, such as a police department or an integrated public safety department. According to a 2004 *Journal of Emergency Medical Services* study, 44.89 percent of EMS systems are fire-based and 55.11 percent are hospital-based, private, stand-alone government agency or another type of EMS organization.[9]

EMT Professional Certification Summary
Active Medics by EMS Region of Residence*

EMS Region	Cardiac Tech	EMT Basic	EMT Intermediate	Paramedic	Total Medics
1	17	48	1,230	687	1,982
2	3	20	615	424	1,062
3	13	88	2,309	968	3,378
4	9	28	1,081	637	1,755
5	14	12	518	363	907
6	4	35	514	219	772
7	2	18	180	120	320
8	13	11	459	448	931
9	15	45	618	522	1,200
10	4	18	609	327	958
Out of state or unknown		98	216	348	662
GA Total	94	421	8,349	5,063	13,927

*As of 12/20/05

[9] Mistovich, Hafen & Karren, 2000, p. 3

Georgia's 13,927 EMS personnel are trained, generally speaking, to either the basic level (EMT-Basic), intermediate (EMT-Intermediate or advanced level (EMT-Paramedic).[10] EMT-Basics can assess and stabilize patients' immediate needs, whereas paramedics provide additional interventions, such as intravenous medication delivery, cardiac monitoring and defibrillation, and advanced airway procedures. Many EMS providers also have specialized training in the areas of patient extrication and rescue, incident command, hazardous materials response, crisis intervention, mass casualty response and injury prevention.[11] Each state sets its own requirements though the EMT-Basic, EMT-Intermediate and Paramedic curricula are based upon a national standard developed by the National Highway Traffic Safety Administration (NHTSA). The sidebar on the right indicates the requirements for becoming a licensed medic in Georgia.

Regardless of the delivery method or level of training, EMS strives to quickly respond to, care for and transport the sick and injured during their time of need. Such emergency assistance is required for the thousands of heart attacks, automobile collisions and other everyday emergencies. But there is also a significant need for EMS response for high-consequence crises, such as natural disasters or terrorist acts. EMS must therefore be adequately prepared for both the ordinary and extraordinary events.

Education and Training Requirements for Georgia EMS Personnel

EMT-BASIC
Skills include: Those taught in the DOT EMT-Basic course updated in 1994. Hours of training: 130 minimum (including a 12 hour Georgia specific module) and clinical of 8 hours and 5 patient contacts to include all clinical objectives. Licensure requirements: In addition to successful completion of a DHR approved EMT Course, the student is required to successfully pass the National Registry EMT Basic written and practical exams. License renewal requirements: Must complete at least 40 hours of continuing education requirements in a 2 year cycle in addition to CPR training. Fees: $25 for initial licensure and license renewal.

EMT-INTERMEDIATE
Skills include: Those taught in the DOT EMT Basic course updated in 1994 as well as those in the DOT EMT Intermediate 1985 course, plus D50, Epi Pen, and intraosseous placement (pediatric patients). Does not include endotracheal intubation. Hours of training: Completion of the EMT Basic Curricula Objectives and Requirements plus 8 additional modules and required clinical for a minimum of 192 additional hours. A minimum of 16 hours clinical and 5 patient contacts to complete all the clinical objectives are in addition to the EMT Basic clinical objectives. Licensure requirements: Upon successful completion of a DHR approved EMT-Intermediate course, the student is required to successfully pass the National Registry I-85 written and practical exams. License renewal requirements: Must complete at least 40 hours of continuing education requirements in a 2 year cycle in addition to CPR training. Fees: $50 for initial licensure and license renewal.

EMT-PARAMEDIC
Skills include: Those taught in the DOT Paramedic course updated in 2000. Hours of training: Licensure as an EMT-Basic or EMT-Intermediate by Georgia, another state, or the National Registry of EMTs plus an additional 824 hours of Paramedic curriculum objectives (which includes 320 hours of clinical time) Clinical experience is very specific to objectives in the care of medical and trauma patients. Licensure requirements: Upon successful completion of a DHR approved EMT-Paramedic course, the student is required to successfully pass the National Registry Paramedic written and practical exams. License renewal requirements: Must complete at least 40 hours of continuing education requirements in a 2 year cycle in addition to CPR and ACLS training. Fees: $75 for initial licensure and license renewal.

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[10] http://www.legis.state.ga.us/legis/2005_06/fulltext/hr830.htm

[11] National EMS Research Agenda, 2001, p. 11

As of 12/05 these are minimum standards subject to modification as needed.

Licensing and Compliance

Emergency Medical Services is an organized system that provides licensed personnel, vehicles and equipment for the effective and coordinated delivery of prehospital care within specific geographical areas.

An effective and well-regulated EMS system involves many different persons, agencies and organizations working together to provide rapid emergency medical response, treatment and transport to those in need of immediate medical attention. The basis for this coordination is strong regional EMS direction.

In Georgia, the agencies licensed to provide EMS include air (not in place yet)and ground ambulance service providers, fire departments, hospitals and similar organizations. These agencies can be owned by private individuals, corporations, cities or counties. (See charts) Effective regulation begins at the local level through Regional EMS Offices which are coordinated in concert with state policies.

As shown in the chart across from this discussion, EMS contains many areas which can directly affect quality of patient care and patient outcomes. The ultimate goals of EMS regulation is the safeguarding of patients and communities. Additionally, EMS rules and regulations must be enforced statewide on a uniform basis. The OEMS/T seeks to continually streamline regulatory processes. The use of objective data to support regulatory efficiency is also a strategic mandate—regulatory data can also be used to suggest areas for systematic improvement.

Summary of State and Regional Regulatory Activities

- Licensing of EMS Ground Services, Medical First Responder Services, Neonatal Transport Services, AED Programs, and soon to be added Air Ambulance.
- Conducting a program of regulatory inspection of licensed EMS equipment.
- Approving and monitoring of EMS educational programs and continuing education.
- Licensing of EMS personnel, including instructors and practitioners.
- Enforcing of statutes, Rules and Regulation and EMS Procedures for medical control of the EMS system.
- Establishment and review of the exclusive operating areas (zones) for the regulation of ambulance services.
- Developing, implementing and monitoring procedures for the designation, redesignation and de-designation of trauma centers.
- Planning and coordinating disaster medical response.

Russ McGee, State EMS Licensing and Compliance Officer
The purpose of EMS regulation is to assure public safety, uniform standard of patient care, and provide a coordinated system of statewide prehospital medical care. Georgia's new rules and regulations strengthen the ability to insure that all of Georgia's citizens and visitors receive medically appropriate prehospital care from qualified and licensed EMS providers.

Ground and Air Ambulance

In Georgia, 82 percent of the patients EMS transported to trauma centers were transported by ground ambulances. The table below summarizes the ground ambulance service operations from a statistical standpoint.

In 2005, Georgia has a total of 282 ambulance service providers and about 1,739 licensed ground ambulance vehicles. These service providers encompass an important portion of the regulatory activities that are overseen by the OEMS/T.

OEMS/Trauma regulatory activities of ambulance services include, but are not limited to, ensuring vehicles are properly equipped and all instrumentation and equipment are functional and that the EMS vehicles themselves are in good running order. In addition, regulation by the OEMS/T ensures that EMS personnel are appropriately licensed and vehicles are correctly manned. The regulation of ground ambulance service providers is an essential critical function provided by the OEMS/T.

Air ambulance services play a major role in pre-hospital trauma care in getting trauma and other patients with life threatening conditions to help quickly. Five air ambulance services are based in Georgia including Air Med in Augusta, Life Star One in Savannah, and Children's Response Air, Emory Flight/LifeNet Georgia, and Rescue Air in the Atlanta area. A number of areas in Georgia are not covered by air ambulance services. At the time of writing this document, air ambulance services are not regulated by the state.

AED Licensing

The state also licenses Automated External Defibrillators (AED) programs that respond to the public for assistance in cardiac arrest situations. AEDs are devices that deliver electric shocks to restore heart rhythm and can be used by relatively untrained personnel. AED program licensing is a separate process from the licensing process of ground ambulances and their equipment.

Summary

Since 1976, the OEMS/T has played a strategic role in (a) developing the infrastructure of emergency medical care, (b) fulfilling a legally mandated regulatory role to oversee statewide ambulance services to safeguard the public interest, and (c) providing education and certification of emergency medical personnel. With the rapid introduction of computer technology beginning in the 1990's, the OEMS/T is now increasingly called upon to be an information clearing-house and provide a unified planning and continuous quality improvement direction for the collection and analysis of EMS data for both rural and urban areas.

At the Georgia state government level, pressures to reduce or eliminate costs are real and require the utmost in careful planning. The OEMS/T is continuously seeking greater efficiency in the evolution of prehospital care regulatory services. These efforts include channeling regulatory data to support roles in education, prevention and research; and, the use of better technology to drive the elimination of cost. The strategic management of people, process, and technology form the basis for system-wide EMS improvements in prehospital care services.

Ground Ambulances*

EMS Region	EMS Vehicles	EMS Region	EMS Vehicles
1	176	6	77
2	108	7	63
3	673	8	157
4	129	9	158
5	143	10	55

*As of 9/28/05

A Diverse Population
with Diverse EMS Needs

The OEMS/T fulfills its regulatory mission through ten EMS Regions. A state-level EMS agency is required to provide leadership to local jurisdictions.[12] Accordingly, OEMS/T aggressively undertakes its mandated roles to regulate, enforce rules and regulations, provide strategic leadership, produce information, define elements of statewide continuous quality improvement programs, education, the publication of information, and research support to the ten EMS Regions in Georgia. This later role in using regulatory data to produce value added information is increasing important in fulfilling this mission.

Georgia Demographics

Georgia is located on the southeast coast of the U.S. Atlanta is the state capitol. Georgia has 159 counties. These 159 are grouped into 10 geographical EMS Regions.

Among the 50 states, Georgia ranks 24th in size, covering 59,441 square miles. Based upon the 2000 U.S. Census, Georgia was the 10th most populous state. Georgia's population is projected to increase by 17.2 percent through 2010.

Between 1990 and 2000, the population of metropolitan Atlanta increased by over one million, from 2.9 to 4.1 million–the largest gain of any large metropolitan area in the nation.[13]

Georgia's Need for EMS

In Georgia, it is estimated that in 2005, statewide EMS received about 940,000 calls for assistance. This call estimate suggests the magnitude of EMS services demands is much greater than the public is generally aware of. In fact, this call estimate may underestimate overall EMS related services provided statewide. While statistics indicate that during any one year EMS may provide assistance to the equivalent of 8 to 10% of Georgia's population, these call estimates do not include the many activities supporting the many educational, preventative, and community programs that public and private EMS agencies initiate and the importance of regulatory (safety and preventative) activities conducted within virtually every community in the state.

[12]Mistovich, Hafen & Karren, 2000, p. 3

[13] http://nnlm.gov/sea/state/ga.html
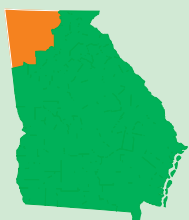
REGION 1 POPULATION 950,936 32.1% UNDER AGE 20
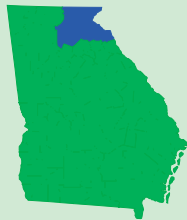
REGION 2 POPULATION 529,598 28% UNDER AGE 20

REGION 3 POPULATION 3,375,475 29.2% UNDER AGE 20

REGION 4 POPULATION 706,546 29.5% UNDER AGE 20

REGION 5 POPULATION 637,356 28.6% UNDER AGE 20

18

Georgia's EMS Regions

1 — 5,482 TOTAL SQUARE MILE AREA

2 — 3,516 TOTAL SQUARE MILE AREA

10 — 3,006 TOTAL SQUARE MILE AREA

3 — 2,343 TOTAL SQUARE MILE AREA

4 — 3,848 TOTAL SQUARE MILE AREA

6 — 5,323 TOTAL SQUARE MILE AREA

5 — 8,560 TOTAL SQUARE MILE AREA

7 — 4,143 TOTAL SQUARE MILE AREA

8 — 10,670 TOTAL SQUARE MILE AREA

9 — 12,533 TOTAL SQUARE MILE AREA
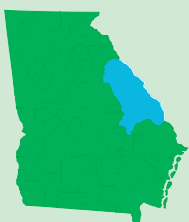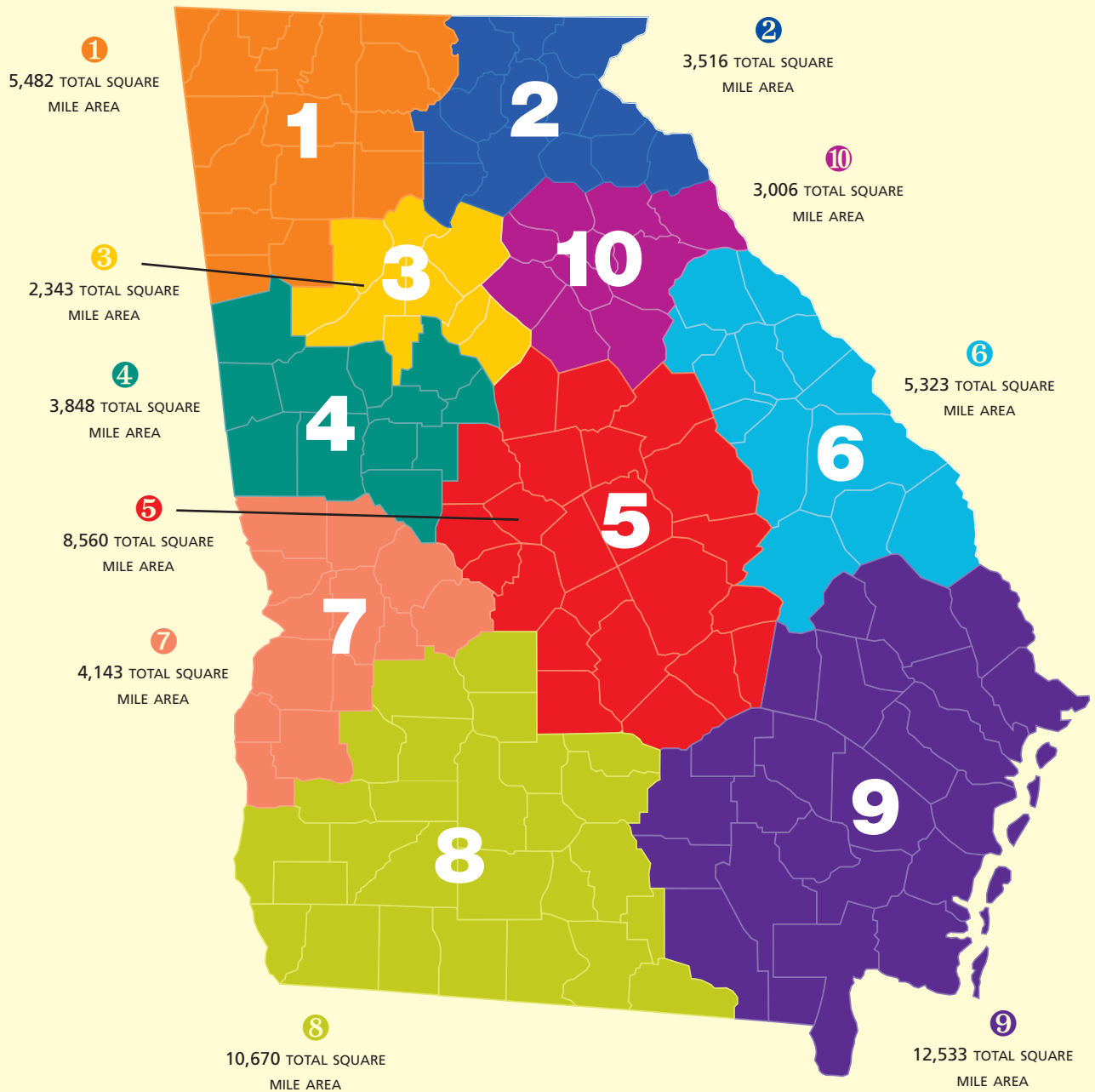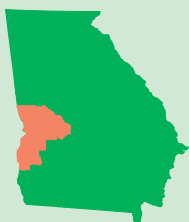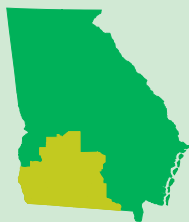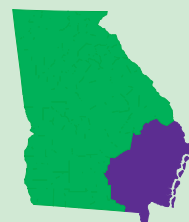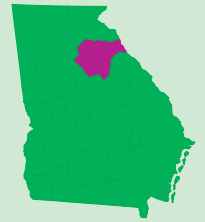
REGION 6	REGION 7	REGION 8	REGION 9	REGION 10
POPULATION 434,314	POPULATION 284,226	POPULATION 660,926	POPULATION 844,775	POPULATION 405,231
30.3% UNDER AGE 20	30.4% UNDER AGE 20	29.9% UNDER AGE 20	29.9% UNDER AGE 20	27.6% UNDER AGE 20

EMS REGION

1
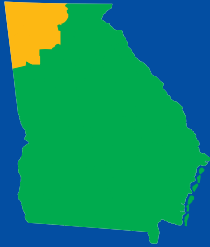
Northwest Georgia Region 1 EMS

Northwest Georgia
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1305 Redmond Circle -
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Linda Avery,
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James Cutcher,
EMS Training Specialist
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Dade · Catoosa · Whitfield · Murray · Fannin · Walker · Gilmer · Chattooga · Gordon · Pickens · Floyd · Bartow · Cherokee · Polk · Paulding · Haralson
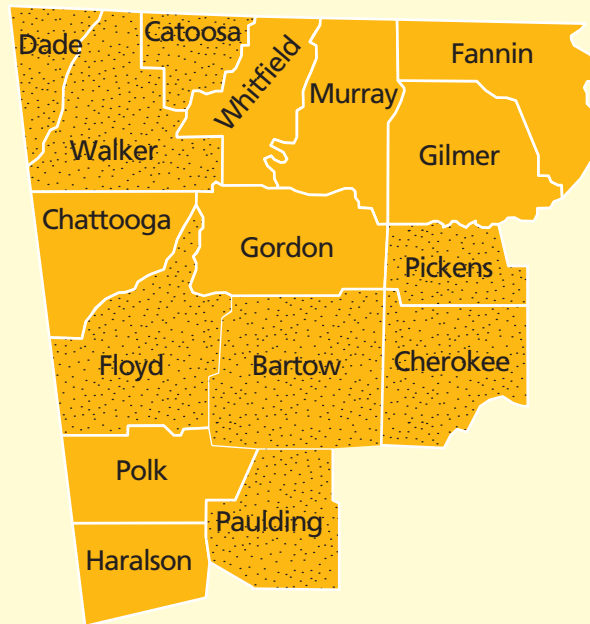
Urban

Overview

Region 1 is in the uppermost northwestern corner of Georgia. It stretches from the mountains of Dade County in the north to Cherokee County at the edges of Atlanta and from the forests of Polk County to the rivers of Haralson County. It is made up of 16 diverse counties. Although many counties in this region are classified as rural there are also many counties that are exurban and suburban. In fact three distinct cities impact this region. Rome directly in Region 1, Atlanta toward the southwest and Chattanooga, Tennessee in the north.

Operating Highlights

Region 1 serves the 950,936 people in the 5,482 total square mile area with 31 licensed ambulance services and 176 vehicles. It has 15 general hospitals and has 1,944 licensed medics living in its counties. Region 1 is served by Floyd Medical Center and Hamilton Medical Center both Level 2 Trauma Centers.

Each county within Region 1 faces unique challenges, in every case the challenge is to provide the best possible care. For many of the counties that challenge is compounded by increased demand due to rapidly expanding population and often severe weather conditions on difficult terrain.

From 2000 to 2004 there have been 136,742 motor vehicle crashes resulting in 64,967 injuries and 932 fatalities in Region 1. Almost one out of three of the people are under the age of 20 making it one of the youngest regions. Region 1 has one of the highest ratios of persons per physicians in Georgia.

FAST FACTS

- 31 licensed ambulance services with 176 vehicles
- 1,944 licensed medics live in this Region
- 173 persons per total square mile area
- 12 percent increase in population from 2000 to 2004
- 902 people per physician
- 3.2 EMS vehicles per 100 total square mile area

EMS Region 1

COUNCIL MEMBERS

Larry Ballew
Director
Murray County EMS

Tony Cooper
Paramedic
Rome, GA

Johnny Cowart
R.N./Paramedic
Murray County EMS

Matthew Crumpton
Director of Hospital Disaster
Preparedness
Hamilton Medical Ctr.

Herbert Dodd
Director
Chattooga Co. EMS

Lana Duff
Paramedic/Operations Officer
Angel EMS

Clark Far
Firefighter
Bremen Fire Dept.

Clarence Ford
Private Citizen
Cedartown, GA

Sandra Gray
Supervisor
Hutcheson Medical Ctr. EMS

Danny Hall
Supervisor
Floyd EMS

John Hitchens
Director
Whitfield EMS

Steve Lawson
Paramedic/Firefighter
Walker Co. ES

Robin Logan
Paramedic
Paulding County Fire Rescue

Gregg Lord
EMS Coordinator
Cherokee Co. Fire & ES

Dr. Jill Mabley
Physician
Canton, GA

Harry McConnell
Director
Gilmer County EMS

Jean Miller
R.N./Director of Marketing
Redmond Regional EMS

Craig Norton
Director
Ambucare, Inc.

Kevin Nowicki
Paramedic/Firefighter
Walker Co. ES

Lonnie Oliver
Director
Fannin Co. EMS

Bud Owens
Director
Gordon County EMS

Larry Owens
Deputy Director
Bartow Co. EMS

Darrell Payne
Director of Emergency Services
Fannin Co. EMS

Joey Pelfrey
Firefighter
Paulding County Fire Rescue

Jeff Putnam
GEMA
Calhoun, GA

Don Starnes*
Director
Bartow County EMS

Phillip Tucker
Director
Redmond Regional EMS

Curtis Vincent*
Director
Polk County EMS

Leroy Wilson
Director/Owner
W. L. Wilson & Sons Funeral Home

*Council Chairman
**Council Vice-Chairman

PRIMARY CLINICAL AREA
Reported to State in 2004

	Total
Medical	44,154
Trauma	17,658
Cardiac	6,974
Psych	2,012
OB/GYN	609
Neonate	42

TOP 5 TRANSPORT DESTINATIONS
Reported to State in 2004

	Number
Floyd Medical Center	9,789
Other Not Specified	7,762
Hamilton Medical Center	7,285
Redmond Regional Medical Center	5,197
Hutchenson Medical Center	4,727
Cartersville Medical Center	4,453

Data Sources –*Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database*

COUNTIES SERVED

- Bartow
- Catoosa
- Chattooga
- Cherokee
- Dade
- Fannin
- Floyd
- Gilmer
- Gordon
- Haralson
- Murray
- Paulding
- Pickens
- Polk
- Walker
- Whitfield

EMS REGION

2

North Georgia Region 2 EMS

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Sandy Jolliff,
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B. Jack Mundy,
EMS Training Specialist
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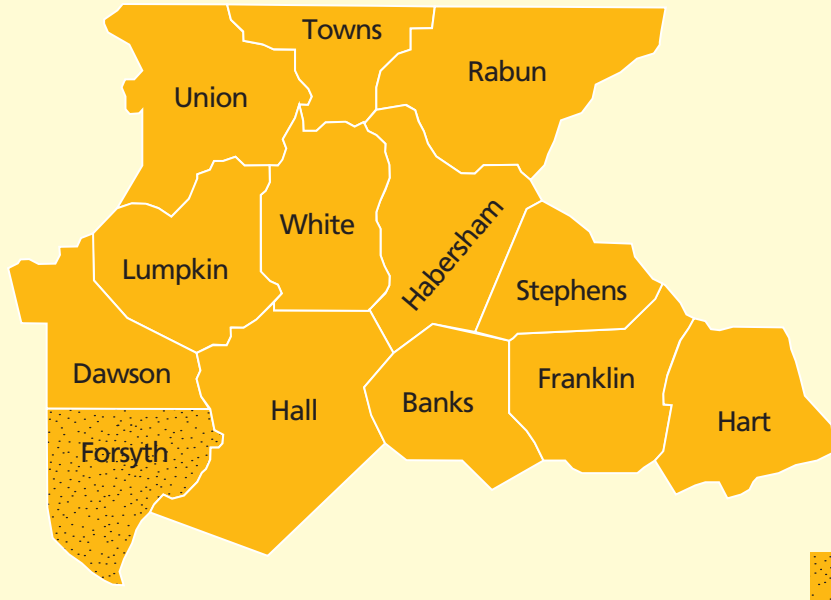
▨ Urban

Overview

Region 2 is in the uppermost northeastern corner of Georgia. Its thirteen counties stretch from the mountains of Union County in the north to Forsyth County at the edges of Atlanta and from Dawson County in the east to Hart County at the edge of South Carolina. Like many of the EMS Regions, its counties are strikingly diverse. Many of its northern counties are covered with parks, forests or preserves compared with the more southern counties that are covered with urban development areas.

Operating Highlights

Region 2 serves the 529,598 people in the 3,516 total square mile area with 21 licensed ambulance services and 108 vehicles. It has 10 general hospitals and has 1,046 licensed medics living inside its borders. Region 2 does not have a designated Trauma Center.

In addition to all of the challenges in providing the best possible care with existing resources, Region 2 faces difficult mountainous terrain in the north and traffic congestion in the south. The contrast goes beyond geographic challenges to the exploding population in Forsyth, Dawson and White compared with limited growth in Hart and Towns counties.

From 2000 to 2004 there have been 83,055 motor vehicle crashes resulting in 35,686 injuries and 605 fatalities in Region 2. It also has one of the highest ratios of persons per physicians in Georgia.

FAST FACTS

- 21 licensed ambulance services with 108 vehicles
- 1,046 licensed medics live in this Region
- 151 persons per total square mile area
- 15 percent increase in population from 2000 to 2004
- 827 people per physician
- 3.1 EMS vehicles per 100 total square mile area

COUNCIL MEMBERS

Joe Anderson
Director
EMA

Roxanne Barrett
Nurse Manager
Towns County
Health Department

Danny Bowman
Chief
Forsyth County Fire & EMS

Craig Bryant
Commissioner
White County

Mike Carnes
Director
Rabun County EMS

Robert Carpenter
Member at Large

Barry Church
Director
Habersham County EMA

Joe Lane Cox
Mayor
Dawsonville

John Creasy
Paramedic
Banks County Fire & EMS

Perry Dalton
Chief
Banks County Fire & EMS

Joey Dorsey
Chairman
Hart County Board
of Commissioners

David Dyer
Director
Union County Ambulance
Service

Richard C. Hamilton
Captain
Forsyth County Fire
Department

Terry Harris
Director
Franklin County EMS

Sandy Jolliff
Secretary
EMS Advisory Council

Will Lockwood
Member at Large

Scott Masters
Director
Med. Transport-NE GA.
Primary Care

Rickey Mathis
Director
Towns County EMS

Matt McRee
Dir. Of Development
Ty Cobb Healthcare

Jack Moody**
Director
Habersham County EMS

Terrell Partain
Director
Hart County EMS/EMA

Tim Peebles
EMS Director
Hall County EMS

Bill Scandrett
Director
White County EMS

Don Seabolt*
Director
Lumpkin County EMS

Lanier Swafford
EMS Director
Dawson County EMS

Billy Thurmond
*Emergency Services
Coordinator*
Dawson County EMS

Randall Townley
Member at Large

Bond Tyner
Director
American Red Cross,
NE GA. Chapter

Ann Wigley
EMT
Lumpkin County EMS

Ray Willis
Director
Stephens County EMS

Jerry Wise
Administrator
Hart County Hospital

Charles Worden
Director
Union County EMA

Dan Yeargin
FTO
GEMA

*Council Chairman
**Council Vice-Chairman

PRIMARY CLINICAL AREA
Reported to State in 2004

Medical	10,907
Trauma	3,305
Cardiac	1,147
Psych	371
OB/GYN	228
Neonate	22

TOP 5 TRANSPORT DESTINATIONS
Reported to State in 2004

	Number
North East Georgia Medical Center	7,350
Other Not Specified	4,024
Union General Hospital	1,656
Not Applicable	1,483
Lanier Park Hospital	1,116
Habersham County Medical Center	1,098

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Banks
- Dawson
- Forsythe
- Franklin
- Habersham
- Hall
- Hart
- Lumpkin
- Rabun
- Stephens
- Towns
- Union
- White

EMS REGION

3

Region 3 EMS

2600 Skyland Drive,
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Atlanta, GA 30319

Marty Billings,
EMS Program Director
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Christine, Ellington,
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Bobbi Gulley,
EMS Training Specialist
bhgulley@dhr.state.ga.us
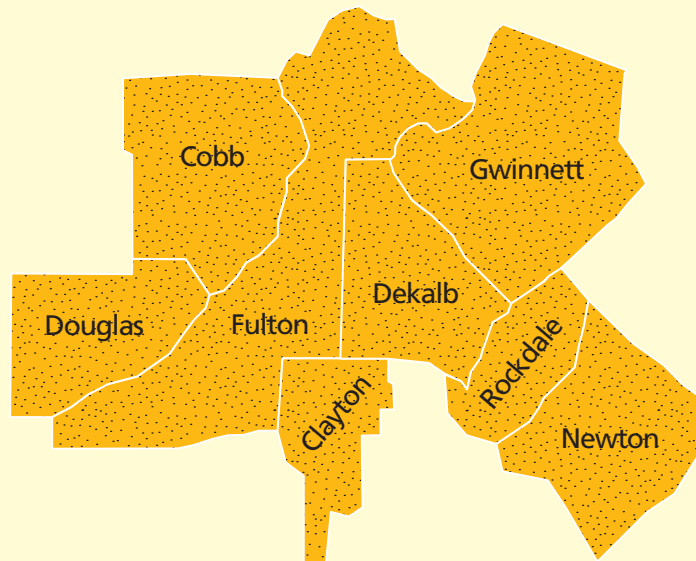
☐ Urban

Overview

Region 3 in the central northwestern midsection of Georgia encompasses many of the most populous counties of the Atlanta metropolitan area. Its eight county area includes Fulton, DeKalb, Cobb, Clayton and Gwinnett as well as the suburban counties of Douglas, Newton and Rockdale. Although all counties are densely populated each county has pockets of small rural areas and narrow rural roads. Even within this urban region there are striking differences. The populations of Douglas, Gwinnett and Newton are growing rapidly while DeKalb and Fulton have seen growth of less than 1 percent from 2000 to 2004.

Operating Highlights

Region 3 serves the 3,375,475 people in the 2,343 total square mile area with 68 licensed ambulance services and 673 vehicles. It has 30 general hospitals and has 3,285 licensed medics living inside its borders. Region 3 is served by multiple Trauma Centers: three Level 2 Trauma Centers, one level 3, two Level 2 Pediatric Trauma Centers and one Level 1 Trauma Center.

EMS Region 3 is continually faced with increased need due to expanding populations and traffic congestion complicates the ability to quickly respond to calls.

From 2000 to 2004 there have been 765,811 motor vehicle crashes resulting in 273,813 injuries and 1,995 fatalities in Region 3.

FAST FACTS

- 68 licensed ambulance services with 673 vehicles
- 3,285 licensed medics live in this Region
- 1,441 persons per total square mile area
- 7 percent increase in population from 2000 to 2004
- 411 people per physician
- 29 EMS vehicles per 100 total square mile area

COUNCIL MEMBERS

Pete Quinones
Metro Atlanta Ambulance Service

David Daniels
Chief
Fulton County Fire/EMS

Lee Mitchell
Chief
Gwinnett County EMS

Carmelita Ferrone
Deputy Chief
Clayton County EMS

Raffi Standifer
Captain
Douglas County Fire

Dr. Earl Grubbs
Paragon Emergency Physicians

Chuck Baird
Division Chief
Cobb County Fire/EMS

David Foster
Chief
DeKalb County Fire/EMS

Kon-Tiki Jabaley
Smyna Fire

Mike Luna
Newton General Hospital

Benny Atkins
National EMS

Angela D. Conley
Communications Manager
Gwinnett County Police

Alfred Moore
Fulton County Emergency Services

John Harvey
Fulton County

Dr. Reggie Latimer
Lieutenant
Atlanta Fire/EMS

Dr. Authur Yancey II
Fulton County

Dr. Bob Gisness
Cobb County

PRIMARY CLINICAL AREA

Reported to State in 2004

Medical	38,668
Trauma	14,111
Cardiac	3,984
OB/GYN	1,804
Psych	1,078
Neonate	135

TOP 5 TRANSPORT DESTINATIONS

Reported to State in 2004

	Number
Dekalb Medical Center	11,434
Grady Memorial Hospital - Atlanta	5,620
Rockdale Medical Center	5,209
Other Not Specified	4,901
Kennestone Hospital	2,513
Emory University Hospital	2,470

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Clayton
- Cobb
- Dekalb
- Douglas
- Fulton
- Gwinnett
- Newton
- Rockdale

EMS REGION 4

West Georgia Region 4 EMS

122 Gordon Commercial Dr.
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LaGrange, GA 30240-5740

Billy Watson,
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brwatson@dhr.state.ga.us

Craig Stubbs,
EMS Training Specialist
cstubbs@dhr.state.ga.us
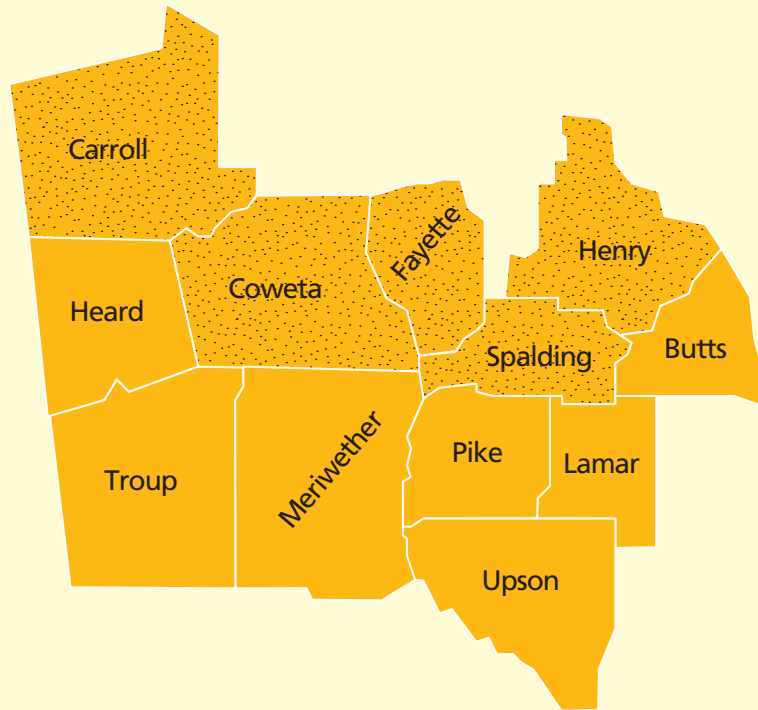
Urban

Overview

Region 4 is in the northwestern midsection of Georgia. Bordering Alabama it stretches from the rolling hills and streams of Carroll County in the north to Upson County in the southeast. Although its twelve county area includes many rural counties it contains the cities of Carrollton and Newnan and many emerging Atlanta suburban communities. The counties of Henry and Coweta have seen double digit population expansion reflecting their proximity to Atlanta.

Operating Highlights

Region 4 serves 706,546 people in the 3,848 total square mile area with 28 licensed ambulance services and 129 vehicles. It has 11 general hospitals and has 1,831 licensed medics living inside its borders.

EMS Region 4 has one of the fastest growing populations in Georgia and the challenge is to provide services in the face of massive population growth and continual increased traffic congestion.

Region 4 has one of the highest ratios of persons per physicians in Georgia and does not have a designated Trauma Center. From 2000 to 2004 there have been 115,172 motor vehicle crashes resulting in 52,456 injuries and 640 fatalities in Region 4.

FAST FACTS

- *28 licensed ambulance services with 129 vehicles*
- *1,731 licensed medics live in this Region*
- *184 persons per total square mile area*
- *13.9 percent increase in population from 2000 to 2004*
- *809 people per physician*
- *3.4 EMS vehicles per 100 total square mile area*

COUNCIL MEMBERS

Steve Adams
Owner/Director
West Georgia EMS

Steve Andrews
Fire Chief
Lamar County

Anne Austin
Captain Training Division
Henry County Fire & EMS

Jimmy Bearden
Fire Chief
Carrollton City

Scott Blue
Chief
Heard County Fire & EMS

Michael Brewer
Director
Butts County 911

Randy Cash
West Georgia
Medical Center

Thomas Chapman
Assistant EMS Director
Meriwether County

Robert Cox M.D.
E.R. Doctor
Upson Regional
Medical Center

Jeff Denny
Captain/Paramedic
Coweta County Fire

Chris Eden, M.D.
E.R. Doctor
Upson Regional
Medical Center

 *Council Chairman
**Council Vice-Chairman

Steve Folden
Captain
Fayette County Fire &
Emergency Services

Woody Francis M.D.
Medical Director
Henry County Fire & EMS

Chipper Gardner
Chief
Spalding County Fire

Ron Gause
Consumer

Dennis Hammond
Chief
Coweta County Fire

Jerry Heard
Chief
Troup County Fire

Zach Holmes
Director
Spalding Regional Hospital
EMS

Melvin Hunter
Owner/Director
Coweta County EMS &
Vital Care EMS

Brad Johnson
Deputy Chief
Henry County Fire & EMS

Tommy Jones
Griffin City Fire Department

Richard Lee
Interim Director
Upson Region
Medical Center EMS

Allen McCollough*
Chief
Fayette County Fire &
Emergency Services

Trudy McDevitt
Director
Spalding County 911

Bobby Mitchell, M.D.
E.R. Doctor
Tanner Memorial

David Newberry
Chief
Butts County Fire &EMS

Peki Prince**
Director of EMS Operations
Peachtree City Fire &EMS

Chris Smith
Chief
LaGrange City Fire

Milton Smith
Chief
West Point City Fire & EMS

Phillip Spradlin
Battalion Chief
Heard County Fire & EMS

Troop Sutherland
EMT/P, Vol. Fire Chief
Pike County Fire

Gary Thomas
Fire Chief
Carroll County

Jimmy Totten
R.N.
Spalding Regional Hospital

Sandra Whitlock
*EMA-EMS Director to
Meriwether County*

PRIMARY CLINICAL AREA
Reported to State in 2004

Medical	32,196
Trauma	14,858
Cardiac	4,952
Psych	1,169
OB/GYN	600
Neonate	63

TOP 5 TRANSPORT DESTINATIONS
Reported to State in 2004

	Number
Other Not Specified	13,769
Spalding Regional Hospital	6,798
Peachtree Regional Hospital	6,677
Henry General Hospital	4,537
Tanner Medical Center - Carrol	4,002
West Georgia Medical Center	3,656

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Butts
- Carroll
- Coweta
- Fayette
- Heard
- Henry
- Lamar
- Meriwether
- Pike
- Spalding
- Troup
- Upson

EMS REGION

5

Central Georgia Region 5 EMS

158-1 Sammons Industrial Pkwy. Eatonton, GA 31024

Chris W. Threlkeld, *EMS Program Director* cwthrelkeld@dhr.state.ga.us

Danny Bessinger, *EMS Training Specialist* dbessinger@dhr.state.ga.us

Urban
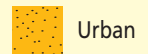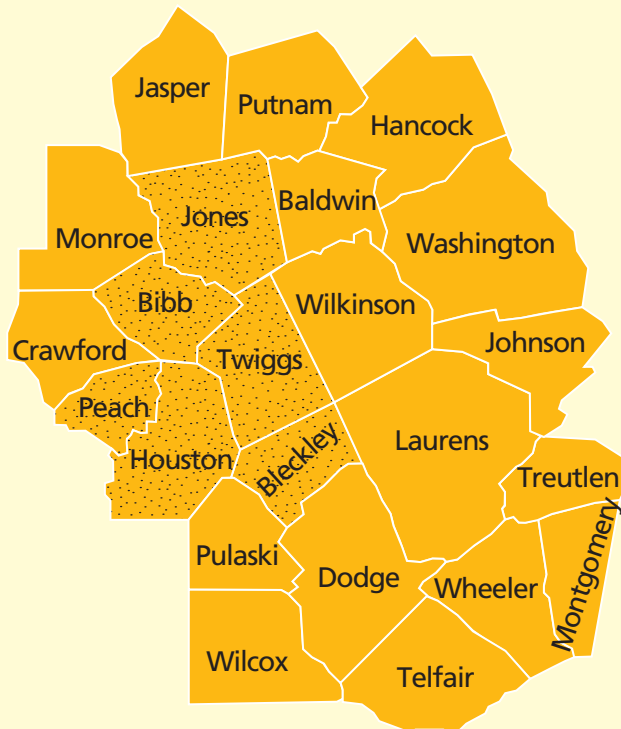
Overview

Region 5 is in the center of Georgia. Its large 23 county area covers Jasper and Putnam Counties in the north to Telfair County in the south. Its gently rolling hills and streams cover rich farmland and small towns. Although predominately rural it contains the city of Macon. Population growth has been relatively stable however the counties of Jasper, Johnson, Jones and Houston have each seen over 10 percent growth from 2000 to 2004.

Operating Highlights

Region 5 serves 637,356 people in the 8,560 total square mile area with 26 licensed ambulance services and 143 vehicles. It has 17 general hospitals and has 884 licensed medics living inside its borders. Region 5 is served by the Medical Center of Central Georgia a Level 1 Trauma Center in Macon.

EMS Region 5 is challenged by the very large area served that poses logistic difficulties as well as by increased demand from many growing townships, the city of Macon and its surrounding communities.

From 2000 to 2004 there have been 104,272 motor vehicle crashes resulting in 50,139 injuries and 806 fatalities in Region 5.

FAST FACTS

- 26 licensed ambulance services with 143 vehicles
- 884 licensed medics live in this Region
- 74 persons per total square mile area
- 5 percent increase in population from 2000 to 2004
- 536 people per physician
- 1.7 EMS vehicles per 100 total square mile area

COUNCIL MEMBERS

Dr. Gihan Abdel-Samed
ER Physician
Oconee Regional
Medical Center

Jimmy Braddy
Deputy EMA Director
Montgomery Co. EMA
Deputy
Dir./Higgston VFD-Firech

Wendell Brantley
Paramedic
Johnson County EMS

Gary Brown
Deputy EMA Director
Wilkinson County EMA

Don Bryant
EMA Director
Laurens County EMA

Patricia Chandler
Director
Crawford County EMS

Greg Chapman
Paramedic
Houston EMS

W. J. (Bill) Cheek
Owner & Director
Heartland EMS,
Wilkinson, Wheeler

Terry Cobb
Director
Laurens County EMS

Randy Coker
Director
Wilcox County EMS

Rickie Coleman
Paramedic
Dodge County EMS

Robert Coulter
Jones County EMA & Rescue

Lawton Davis, M.D.
District Health Director
South Central Health District

  *Council Chairman
**Council Vice-Chairman

Donald Floyd
EMA Director
Twiggs County EMA

Alfonzo Ford
Director
Peach County EMS

Allan Green
EMA Director
Jones County EMA

James Gregory
Director
Putnam County EMS

Dr. Ralph Griffin
Physician
MCCG

James Harden
Citizen

Dr. James F. Hatcher, Jr.
Physician
Region V EMS
Medical Director

Shane Hill
Asst. Director
Putnam County EMS

Ben Hinson**
President
Mid Georgia Ambulance
Service

Annette Huff
Director
Dodge County EMS

Barbara Kassner
Citizen

Alvin Keith Lewis
Paramedic
Peach County EMS

Dan Maddock
CEO
Taylor Regional Hospital

Bill McNair
Realtor
McNair Realty Co. Inc.

Lee Oliver*
Director
MCCG, Inc.

Dr. Robert Polglase
Physician
Washington County

Lisa Pope
Paramedic
Jasper Emergency Services

Marvin Riggins
Chief Fire Department
Macon-Bibb Fire Department

Joe Robinson
Chief Operating Officer
Mid Georgia Ambulance
Service

Kimberly Ross
Paramedic
Monroe County EMS

Jeff Soles
Director
Washington County EMS

Joseph Swartwout, M.D.
District Health Director
North Central Health District

Vicki Thompson
*GEMA Area 4 Field
Coordinator*
Monroe County

David Ward
EMS Supervisor
Houston Medical Center

Richard Warren
Director
Hancock County EMS

Carla Weese
RN & Director
Houston Medical Center

Jennifer Williamson
Director
Telfair County EMS

PRIMARY CLINICAL AREA
Reported to State in 2004

Medical	2,769
Trauma	1,219
Cardiac	557
Psych	93
OB/GYN	71
Neonate	5

TOP 5 TRANSPORT DESTINATIONS
Reported to State in 2004

	Number
Memorial Hospital of Washington	1,200
Medical Center of Central Georgia Inc	1,032
Monroe County Hospital	883
Houston Medical Center	878
Taylor Regional Hospital	719
Medical Office/clinic	613

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Baldwin
- Beckley
- Bibb
- Crawford
- Dodge
- Hancock
- Houston
- Jasper
- Johnson
- Jones
- Laurens
- Monroe
- Montgomery
- Peach
- Pulaski
- Putnaml
- Telfair
- Treutlen
- Twiggs
- Washington
- Wheeler
- Wilcox
- Wilkinson

EMS REGION

6
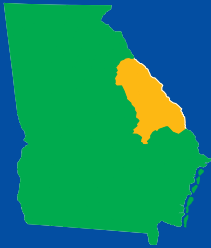
East Central Georgia Region 6 EMS

1916 North Leg Road
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Lawanna Mercer-Cobb,
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Karen Winburn,
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Wes Simonds,
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Urban

Overview

Region 6 is in the eastern midsection of Georgia bordered in the west by South Carolina. It covers a thirteen county narrow section running from Wilkes County in the north to Screven County in the south. It is characterized by gently undulating slopes and streams with rich farms. Although predominately rural, it contains the city of Augusta in Richmond county at the edge of South Carolina.

Operating Highlights

Region 6 serves 434,314 people in the 5,323 total square mile area with 17 licensed ambulance services and 77 vehicles. Region 6 has 11 general hospitals and has 759 licensed medics living inside its borders. It is served by the Medical College of Georgia Health System in Augusta as a Level 1 Trauma Center.

As with other primarily rural regions Region 6 must respond across long distances to reach communities in the north and south. The suburban county of Columbia just north of Augusta has seen over 10 percent growth in population from 2000 to 2004 adding an increased need for services.

Along with Region 3, it has a better than average ratio of persons to physicians. From 2000 to 2004, there have been 81,527 motor vehicle crashes resulting in 31,290 injuries and 454 fatalities in Region 6.

FAST FACTS

- 17 licensed ambulance services with 77 vehicles
- 759 licensed medics live in this Region
- 82 persons per total square mile area
- 2 percent increase in population from 2000 to 2004
- 323 people per physician
- 1.5 EMS vehicles per 100 total square mile area

COUNCIL MEMBERS

Rich Bias*
Senior VP Of Ambulatory & Network Services
MCG Health, Inc.

Glenn Bridges, MD
Online Medical Director
University Hospital –ER

Casey Broom
Paramedic
Lincoln County EMS

Debbie Burch, APRN
Nurse Practitioner
Burke Medical Center

Brad Carani
EMA Director
Deputy Sheriff
Taliaferro County Sheriff's Office

Ernie Doss
Area General Manager
Rural/Metro Ambulance

James Finney
Crawfordville, GA

Martha Garner
Director of Emergency, Critical Care, and Diagnostic Nursing
Doctors Hospital, ED

John Graham
Chairman
Warren County Board of Commissioners

Donna Hardy
County Commissioner
Wilkes County

Michael Hawkins, MD
Chief of Trauma, Critical Care and Surgery
Augusta, GA

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**Council Vice-Chairman

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Operations Manager
Chief of Rural Air Operations
Transport One/Screven County EMS

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Quality Management Coordinator
Emanuel Medical Center

Kathleen Kosmoski
Executive Director
American Red Cross

Nona Lord, RN
Facility Administrator/ Nurse Manager
Glascock Co Health Dept.

Walker T. Norman
Chairman
Lincoln County Board of Commission

Dianne Rabun
Secretary
Glascock Co Health Dept.

Cliff Richardson
Paramedic
Millen, GA

Jane Rogers
EMS Director
McDuffie County EMS

John F. Salazar, MDFACC
Cardiovascular Associates

Rusty Sanders
EMA Director (EMS and Fire)
Burke County EMA

Tom Schneider
Director, CEO
Gold Cross EMS

Richard Schwartz, MD
Chairman and Associate Professor of Emergency Medicine
MCG-AF 2058

Chris Sheppard, MD
Wrens Physicians' Health Group

Bruce Tanner
EMA Director
McDuffie County EMA

Courtney Terwilliger
EMS Director
Emanuel County EMS

Blake Thompson**
EMS Director
Wilkes County EMS

Elaine Timmerman
Director of Inpatient Services
Acting Chief Nursing Officer
St. Joseph Hospital

Pam Tucker
Emergency Services Director
Columbia County EMA

Phillip Wasson
Augusta/Richmond 911 Director
Augusta 911 Center

Howard Willis
Chief
Augusta-Richmond County Fire Dept.

Tommy Wolfe
EMS Director
Warren County EMS

Connie Wammock
Director of Nursing
Screven County Hospital

Henry Young
EMS Director
Jenkins County EMS

Phillip L. Coule, MD
Director
Center of Operational Medicine
Medical College of Georgia

PRIMARY CLINICAL AREA

Reported to State in 2004

Medical	13,917
Trauma	4,352
Cardiac	1,585
Psych	342
OB/GYN	274
Neonate	85

TOP 5 TRANSPORT DESTINATIONS

Reported to State in 2004

	Number
Other Not Specified	7,971
Medical College of Ga Hospital	4,534
University Hospital - Augusta	4,073
Doctors Hospital - Augusta	1,832
Nursing Homes	1,118
McDuffie County Hospital	943

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Burke
- Columbia
- Emanuel
- Glascock
- Jefferson
- Jenkins
- Lincoln
- McDuffie
- Richmond
- Screven
- Taliaferro
- Warren
- Wilkes

EMS REGION

7

**West Central Georgia
Region 7 EMS**

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Darrell R. Enfinger,
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Urban
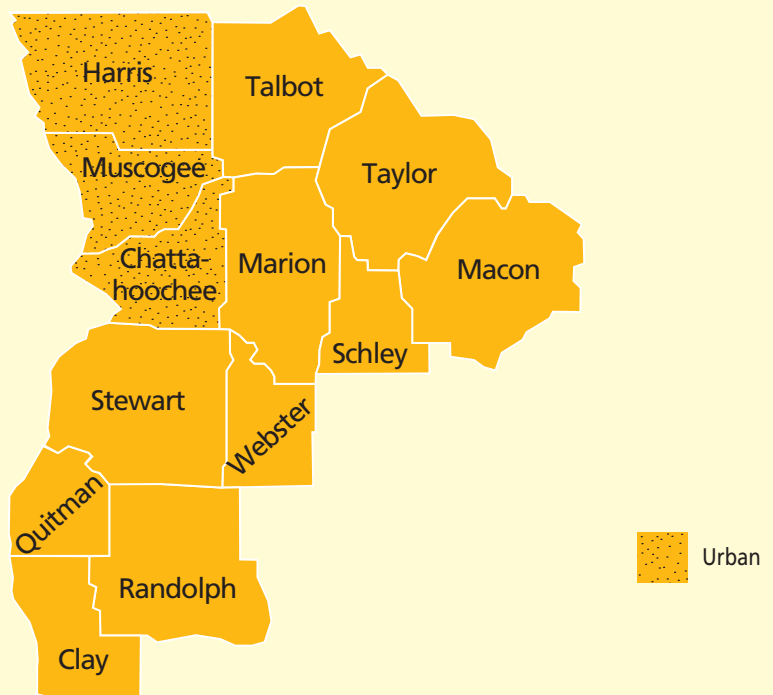
Overview

Region 7 is in the southwestern midsection of Georgia with rapid streams and low hills. Its thirteen county area is bordered in the west by Alabama and stretches to Macon County in the east and Harris County in the north to Clay county in the south. Although predominately rural with productive farms and small communities it contains the city of Columbus in Muscogee County just at the edge of Alabama.

Operating Highlights

Region 7 serves 284,226 people in the 4,143 total square mile area with 17 licensed ambulance services and 63 vehicles. It has seven general hospitals and has 314 licensed medics living inside its borders. Region 7 is served by The Medical Center a Level 2 Trauma Center in Columbus.

The challenge is to provide the best possible care with existing resources. Harris County just north of Columbus has seen over 12 percent growth in population from 2000 to 2004 adding an increased need for services. As with other primarily rural regions, Region 7 must respond across long distances to reach communities.

From 2000 to 2004 there have been 49,735 motor vehicle crashes resulting in 19,496 injuries and 235 fatalities in Region 7.

FAST FACTS

- *17 licensed ambulance services with 63 vehicles*
- *314 licensed medics live in this Region*
- *82 persons per total square mile area*
- *1 percent decrease in population from 2000 to 2004*
- *546 people per physician*
- *1.5 EMS vehicles per 100 total square mile area*

COUNCIL MEMBERS

Ivy Belflower
EMT/Consumer

Ron Brown
Director
Clay County EMS

Jimmy Carver*
Assistant Director
Harris County EMS

Michael Charles
Program Director
Columbus Technical College

Dr. Richard Chase
Medical Director
Macon County EMS

Ellice Ann Fancher
Assistant Director
Middle Flint Regional
E-911 Center

Johnny Floyd
Acting Director
Chattahoochee Emergency
Management Agency

Robert Futrell
Deputy Chief
Columbus Fire and EMS

Gary Gill
EMT
Schley County EMS

Dr. R. Scott Hannay
Chief of Trauma
Columbus Regional
Medical Center

Jay Hazen
Operations Manager
Care Ambulance Service

Sandra Higginbotham
Clerk
Talbot County Board
of Commissioners

*Council Chairman
**Council Vice-Chairman

Mike Higgins
Division Chief
Columbus Fire and EMS

Darrell Holbrook
Chief
Webster County Fire/EMS

Dallas Jankowski
Consumer
Former State EMS Director

Dr. Charles Kelly
EMT
Talbot County EMS

Shirley Kisor
EMT/RN
Webster County Fire/EMS

Jimmy Lee
Commissioner
Stewart County Board
of Commissioners

Gary Lowe
Director
Taylor County EMS/EMA

Ben Lunsford
EMT
Randolph County EMS

Cathy Maxwell
Trauma Manager
Columbus Regional
Medical Center

David McCall
Director
Harris County EMS

Joanne W. McDaniel
Consumer
Mini Maid of Columbus

Dell Miller
EMT-P / RN
Doctors Hospital

Ryne Ming
Firefighter
Quitman County Volunteer
Fire Department

Duane Montgomery
Director
Schley County EMS

Judson Montgomery
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Taylor County EMS/
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Brian Moseley
*Operations Manager/
Columbus*
Mid Georgia Ambulance
Service

Frank Perez
EMT-P
LifeNet Air Medical Service

Max Pittman
Director
Randolph County
Emergency Management
Agency

Terry Roberts
EMT-P
Marion County EMS

Joe Robinson
Chief Operating Officer
Mid Georgia Ambulance
Service

Greg Stewart**
Director
Stewart County EMS

Terry Whaley
Director
Marion County EMS

Andy Windham
Director
Macon County EMS

PRIMARY CLINICAL AREA
Reported to State in 2004

Medical	13,583
Trauma	4,794
Cardiac	1,552
Psych	733
OB/GYN	387
Neonate	33

TOP 5 TRANSPORT DESTINATIONS
Reported to State in 2004

	Number
The Medical Center - Columbus	5,842
St. Francis Hospital - Columbus	3,859
Other Not Specified	1,886
Doctors Hospital - Columbus	1,679
Medical Office/clinic	1,526
(Air) Other EMS Responder	1,445

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Chattahoochee
- Clay
- Harris
- Macon
- Marion
- Muscogee
- Quitman
- Randolph
- Schley
- Stewart
- Talbot
- Taylor
- Webster

EMS REGION

8

Southwest Georgia Region 8 EMS

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Urban
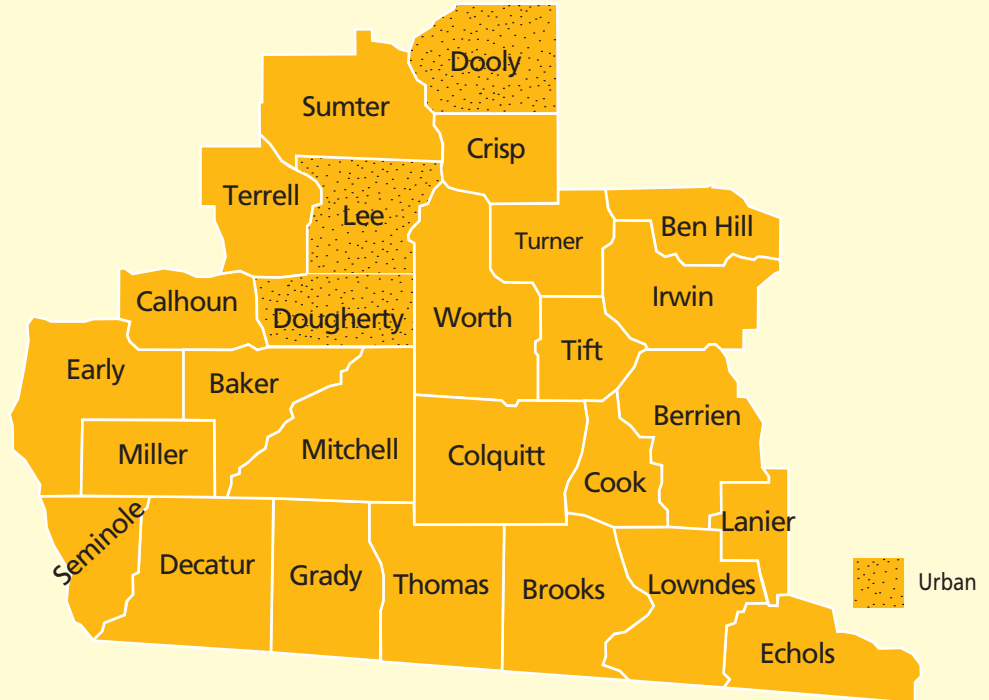
Overview

Region 8 is in the southwestern section of Georgia. Its large 27 county area reaches in the east from Echols County at the very edges of the Okefenokee Swamp through rich farmland to Early County bordering Alabama. Region 8 covers a massive area. I-75 runs almost straight through it from the city of Cordele in the north through Tifton to Valdosta in Lowndes County bordering Florida in the south. Although predominately rural it contains many small and medium size towns including the city of Albany.

Operating Highlights

Region 8 serves 660,926 people in the 10,670 total square mile area with 35 licensed ambulance services and 157 vehicles. It has 23 general hospitals and has 917 licensed medics living inside its borders. Region 8 is served by the Archbold Memorial Hospital a Level 2 Trauma Center in Thomasville.

The large area served poses logistic difficulties, as does increased demand from growing townships and communities. Although many counties in Region 8 are seeing stable or slightly declining populations, Dougherty County the home of Albany has seen a 20 percent increase in population from 2000 to 2004.

From 2000 to 2004, there have been 88,051 motor vehicle crashes resulting in 46,925 injuries and 880 fatalities in Region 8.

FAST FACTS

- *35 licensed ambulance services with 157 vehicles*
- *917 licensed medics live in this Region*
- *69 persons per total square mile area*
- *2 percent increase in population from 2000 to 2004*
- *598 people per physician*
- *1.5 EMS vehicles per 100 total square mile area*

COUNCIL MEMBERS

Jack Bass
County Commissioner
Worth County

Dexter Beard
Director
Calhoun Mem. Hosp. EMS

Andy Belinc
Director
Baker County EMS

Cathy Bishop
Director
Ben Hill County EMS

Tim Brogdon
Director
So. GA Med. Center EMS

Dana Brown
Director
Seminole County EMS

Andrea P.F. Brooks
County Comm.
Sumter County

Paul Bynum
Director
Colquitt County EMS

Danny Connell
Chief of Operations
Regional EMS

Danny Edwards
Director of wound care
Tift Regional Hospital

David Edwards
Director
Crisp County EMS

Jerry Edwards
Director
Irwin County EMS

James C. Hamby
Director
Terrell County EMS

Tony Heath
Director
Dooly County EMS

Bill Hogan
Director
Decatur County EMS

Melburn Kelly
Director
Thomas County EMS

Ann Lamb
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Mitchell County EMS

Randy Lancaster
Paramedic
Berrien County EMS

Arch McNeill, M. D.
Emergency physician
Archbold Mem.
Hosp./Trauma Center
Thomasville

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retired PH

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Lanier County EMS

Ken Morey
Supervisor
Mid. Ga Ambulance Svc.

Billy Rathel
Director
Miller County EMS

Gary Rice
Field Rep.
GEMA

Mark Swicord RN, EMT-P
ED Director
Archbold Mem Hosp/
Trauma Center Thomasville

Bobby Tripp**
Director
Vice-Chair
Dougherty Co. EMS

Bobby Watkins
Director
Lee County EMS

Randall Whiddon
Director
Turner County EMS

*Council Chairman
**Council Vice-Chairman

PRIMARY CLINICAL AREA

Reported to State in 2004

Medical	44,332
Trauma	20,474
Cardiac	5,776
Psych	1,658
OB/GYN	1,066
Neonate	277

TOP 5 TRANSPORT DESTINATIONS

Reported to State in 2004

	Number
Other Not Specified	17,950
Phoebe Putney Memorial Hospital	11,300
Not Applicable	7,026
South Georgia Medical Center	6,792
John D Archbold Memorial Hospital	5,099
Tift Regional Medical Center	4,788

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Baker
- Ben Hill
- Berrien
- Brooks
- Calhoun
- Colquitt
- Cook
- Crisp
- Decatur
- Dooley
- Dougherty
- Early
- Echols
- Grady
- Irwin
- Lanier
- Lee
- Lowndes
- Miller
- Mitchell
- Seminole
- Sumter
- Terrell
- Thomas
- Tift
- Turner
- Worth

EMS REGION

9

Southeast Georgia Region 9 EMS

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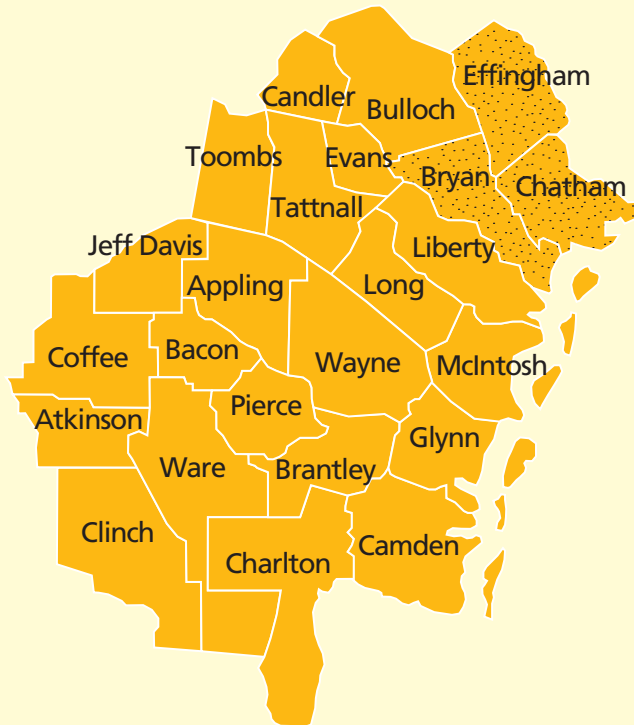
Urban

Overview

Region 9 is in the southeastern section of Georgia. Bordered by the Atlantic Ocean in the east it stretches through the 660 square miles of the Okefenokee Swamp to the hills of Coffee County in the west. On the Atlantic side going south from Savannah marshes dot the coast along with barrier islands. Although predominately rural, it contains the city of Savannah and its suburban counties within its 24 county area.

Operating Highlights

Region 9 serves 844,775 people in the 12,533 total square mile area with 34 licensed ambulance services and 158 vehicles. It has 20 general hospitals and has 1,175 licensed medics living inside its borders. Region 9 is served by the Memorial Health University Medical Center a Level 1 Trauma Center.

An increased demand for services combined with the large area to be served pose challenges to Region 9. Effingham County just north of Savannah, has seen over 18 percent growth in population from 2000 to 2004 adding an increased need for services. As with other primarily rural regions, Region 9 must respond across long distances and swampland and marshes add to the challenge.

From 2000 to 2004, there have been 136,684 motor vehicle crashes resulting in 62,404 injuries and 979 fatalities in Region 9.

FAST FACTS

- *34 licensed ambulance services with 158 vehicles*
- *1,175 licensed medics live in this Region*

- *67 persons per total square mile area*
- *5 percent increase in population from 2000 to 2004*

- *561 people per physician*
- *1.3 EMS vehicles per 100 total square mile area*

COUNCIL MEMBERS

Tony Cabiness, EMT-P
Jeff Davis County EMS

Charles Carter
Director
Alma-Bacon Co. Ambulance Service

Susan Clark
Director
Bryan County EMS

Tim Crews
Director
Brantley County EMS

Carol Crockett, NREMT-P
Rescue Training, Inc.

Lee Eckles**
Director
Bulloch County EMS

Dennis Gailey
Interim Fire Chief
Camden County Fire Rescue

Paul Genest
Director
Evans County EMS

Tim Genest*
Director
Southside Fire/Mercy Amb. Service

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Pembroke, GA 31321

David Herrin
Chief of Operations
MedStarOne

Wallace Hodge
Director
Clinch County EMS

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Southeast GA Reg. Med. Systems

Ken Justice
Director
Peirce County EMS

John Keanon
Director
Atkinson Co. Amb. Service

Sheila Keck-Deverger
Director
McIntosh County EMS

Bob Kicklighter
Wayne County EMS

Sgt. Clay Kicklighter
Georgia State Patrol

William Mann
Director
East Coast EMS

David Moore
Director
Candler Hospital/EMS

Larry NeSmith
Director
Appling County Ambulance Service

Walter Nichols
Director
Fort Stewart EMS

Mark Palmer
Coordinator
Bioterrorism/Emerg. Preparedness Southeast Health Unit

Jim Phillips
Director
Office of Emergency Preparedness Coastal Health Unit

Rick Shores
Director
MedStarOne

Zach Shuman
Director
Chatham County EMS

Cecil Stephens
Director
Kingsland Fire Rescue

Al Thomas
Chief
Glynn County Fire Dept

Steve Towne
Director
Charlton EMS

James Turk
Director
Coffee Regional Med. Center/EMS

Jim Turner
Director
Liberty Regional Med. Center/EMS

Mark Walker
Director
Ware County EMS

*Council Chairman
**Council Vice-Chairman

PRIMARY CLINICAL AREA
Reported to State in 2004

Medical	36,520
Trauma	18,598
Cardiac	5,256
Psych	2,380
OB/GYN	950
Neonate	108

TOP 5 TRANSPORT DESTINATIONS
Reported to State in 2004

	Number
Other Not Specified	13,856
Memorial Health University Medical Center	12,511
Candler Hospital (Savannah)	5,731
Coffee Regional Medical Center	4,630
Satilla Regional Medical Center	2,874
East GA Regional Medical Center	2,873

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Appling
- Atkinson
- Bacon
- Brantley
- Bryan
- Bulloch
- Camden
- Candler
- Charlton
- Chatham
- Clinch
- Coffee
- Effingham
- Evans
- Glynn
- Jeff Davis
- Liberty
- Long
- Mcintosh
- Pierce
- Tattnall
- Toombs
- Ware
- Wayne

EMS REGION

10

Northeast Georgia Region 10 EMS

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B. Jack Mundy,
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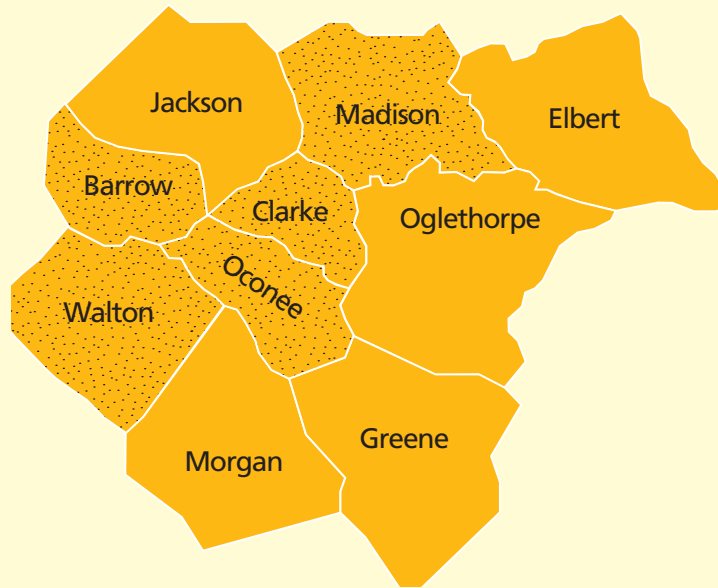
Urban

Overview

Region 10 is in the northeastern section of Georgia. It is composed of 10 counties stretching from Walton County near Atlanta in the west to the hills of Elbert County in the east touching South Carolina. Although it includes some rural counties, it contains the city of Athens, its suburban counties and many emerging Atlanta suburban communities. Stark population contrasts exist between counties with some having less than 20,000 compared with Clarke County with a population just over 100,000.

Operating Highlights

Region 10 serves 405,231 people in the 3,006 total square mile area with 13 licensed ambulance services and 58 vehicles. It has 10 general hospitals and has 941 licensed medics living inside its borders. Region 10 is served by the Morgan Memorial Hospital a Level 4 Trauma Center.

Region 10 faces unique challenges but for all counties the challenge is to provide the best possible care with existing resources. For many of the counties that challenge is compounded by increased demand due to rapidly expanding population.

Barrow, Jackson and Walton counties have all seen a greater than 15 percent increase in population from 2000 to 2004.

Region 10 has one of the highest ratios of persons per physicians in Georgia and is one of the fastest growing regions in Georgia. From 2000 to 2004, there have been 67,624 motor vehicle crashes resulting in 28,883 injuries and 461 fatalities in Region 10.

FAST FACTS

- *13 licensed ambulance services with 58 vehicles*
- *941 licensed medics live in this Region*
- *135 persons per total square mile area*
- *10 percent increase in population from 2000 to 2004*
- *757 people per physician*
- *1.8 EMS vehicles per 100 total square mile area*

COUNCIL MEMBERS

Steve Akery
Walton County

Chuck Almond
EMS Director
Elbert County

Huey Atkins
EMS Director
Morgan County

Dr. Zeb Burrell Jr., M.D.**
EMS Medical Director
Elbert County

Don Cargile
EMS Director
Athens Regional Medical Center

Nancy Couch
EMS Director
Walton County

Julie Cronic
EMS Division Chief
Barrow County

James Dove*
Director
NEGA Regional Development Center

*Council Chairman
**Council Vice-Chairman

Iby George
Fire Chief
Athens-Clarke County Fire Department

Wayne Jackson
Clerk
City of Union Point

Farris T. Johnson, M.D.
Physician
Family Practice Center

Mitch Kitchens
EMS Director
Barrow County

James Mathews
EMS Director
Oglethorpe County

Dwayne Patton
EMS Director
Madison County

Gwen Ruark
EMS Director
Morgan County

Howard Sanders
Assistant EMS Director
Oglethorpe County

Steve Shirley, M.D.
Surgeon
NE Georgia Surgical Consultants, PC

Henry Slocum
Public Relations & Marketing Director
BJC Hospital

Jeff Smith
EMS Director
Greene County

Jeff Sosby
Paramedic
St. Mary's Hospital

Quinton Still
Director of Emergency Services
Oconee County

Bruce Thaxton
Fire Chief
Oconee County

Brett Atchley, M.D.
ER Physician
Athens Regional Medical Center

PRIMARY CLINICAL AREA
Reported to State in 2004

Medical	1,089
Trauma	446
Cardiac	164
OB/GYN	25
Psych	17
Neonate	2

TOP 5 TRANSPORT DESTINATIONS
Reported to State in 2004

	Number
Other Not Specified	2,525
Athens Regional Medical Center	1,638
Elbert Memorial Hospital	1,626
Barrow Medical Center	945
St. Marys Hospital - Athens	409
Minnie G Boswell Memorial Hospital	326

Data Sources–Population: U.S. Census Bureau, Population Division; Square Miles of Land Area: U.S. Census Bureau, Census 2000; Number of physicians: Georgia Physician Surveys, 1992-2002, Composite State Board of Medical Examiners, and Georgia Board for Physician Workforce; Environmental Causes and Destinations: OEMS Patient Care Report (PCR) Database; Trauma Centers: Georgia Trauma Database; Medics and EMS Vehicles: OEMS Database

COUNTIES SERVED

- Barrow
- Clarke
- Elbert
- Greene
- Jackson
- Madison
- Morgan
- Oconee
- Oglethorpe
- Walton

Emergency Medical Advisory Council *(EMSAC)*

Open interchange with the statewide EMS community is an essential factor in planning and development initiatives. Established in 1973, EMSAC provides a fundamentally important role in advising the strategic growth of EMS in Georgia. In connection with this, Georgia is fortunate to have assembled a distinguished statewide advisory board. The membership of this advisory board is shown in Appendix B.

Health District and GEMA Interactions

In the case of the State Office of Emergency Medical Services/Trauma, the formal and informal interactions of the Health District program managers, the environmental interchanges with the Emergency Medical Services Advisory Council, interactions with the parent organization, the Division of Public Health (DPH), as well as, potentially, the Human Resources Board of Directors and legislators require significant analysis from an open systems perspective.

EMS Medical Directors Advisory Council *(EMSMDAC)*

The recognition that medical direction is a significant and necessary component of EMS has existed since the 1970's; however, Georgia is still in the process of formalizing this recognition.

Each licensed EMS service must retain a medical director—a physician who is legally responsible for all clinical and patient-care aspects of its operation. The prehospital medical care provided by medics is considered an extension of the medical director's license.

In Georgia, the Medical Director's Role is to:

Provide medical oversight and guidance.

Develop, review, approve and monitor clinical protocols in cooperation with expert EMS personnel.

Participate in quality improvement and problem resolution.

Advocate within the medical community. Interface between the EMS system, public health, and other public and private health-care agencies.

Support the strategic development of the statewide EMS system.

EMSMDAC was created in 1997, by Region 7 EMS Program Director, Sam Cunningham when he was state EMS Director. Dr. J. Patrick O'Neal was the initial chair of EMSMDAC.

In 1997, Dr. Phillip Coule, Director of the Center of Operational Medicine, Medical College of Georgia became the chair. Dr. Coule served as chair from 1997 through 2004. On November 2004, Dr. Jill Mabley was then elected as chair.

When oversight of paramedics passed from the Composite Board of Medical Examiners to the Office of EMS/T a couple of years ago, formalization of EMSMDAC became more essential. In 2004, legislation was introduced to formally recognize EMSMDAC and conveying upon it certain powers. The bill passed both legislative bodies but did not become law.

Future Strategic Focus

Looking towards the future, the OEMS/T believes that a well-articulated mission and vision, a formal strategic plan, well-defined operational processes, written formal procedures, and frequent interactions with statewide stakeholders groups can drive improvements in statewide EMS regulation as well as regional organizational performance. OEMS/T recognizes that a customer service orientation, a focus on quality coupled with the flexibility to adapt to local operating conditions are also keys to success. While uniformity is sought and desired, there is no cookie cutter approach to statewide operational effectiveness.

Going into the future the OEMS/T will continue to develop its role focused on regulating the processes of delivering prehospital care. The strategy of the OEMS/T is to embed in its regulatory mission mechanisms that will enable systemic evolution through the production of high quality information—value-added information is a by-product of objective and uniform regulation.

EMS Development is a State Responsibility

In 2005, no single federal agency has lead responsibility for EMS activities. No federal agency collects data on EMS responses—a major shortcoming that undercuts the EMS community's ability to conduct research to improve itself, or help justify its mission. In 2005, a number of different federal agencies are involved in supporting and promoting EMS improvements,

including the National Highway Traffic Safety Administration, (NHTSA) the Department of Health & Human Services, and several others. None of these agencies imposes standards or enforces requirements on how state EMS systems should operate. Instead, the federal agencies undertake activities such as providing technical consulting support and guidance, providing funding for EMS initiatives through various grant programs to states, and exploring avenues for developing a consensus among EMS providers on policy needs and changes.[14]

Each state has control of its own EMS system, independent of the federal government. Of the federal agencies mentioned above, NHTSA has provided a set of recommended standards called the Technical Assistance Program Assessment Standards for EMS. NHTSA prescribed standards are to insure that (a) the public has access to the EMS system through a communications mechanism (e.g., 911, e-911), (b) patients are provided with safe, reliable transportation by ground or air ambulance, (c) EMS personnel are appropriately educated and in-turn provide public education on the prevention of injury, (d) EMS has appropriate medical direction, (e) each state develops a system of specialized care for trauma patients; and (f) each state has a quality improvement program for the continuous evaluation and upgrading of the system. In conformance with these standards, each state must have laws, regulations, policies and procedures that govern it's EMS system.[15] To provide this governance objective, statewide information is needed. EMS is

[14] GAOT 2001, p. 11–12
[15] GAO, 1999, p. 6

becoming increasingly complex and information driven. In the absence of information, uncertainty may drive inappropriate policy determination.

In past years, it has been possible to obtain certain types of information from federal sources. Today, however, because of the need for state-specific information, this ability to tap federal information is no longer a responsive option. The development of an excellent statewide EMS system is solely Georgia's responsibility.

The ability to produce and disseminate statewide information provides an essential service need for policy development and the outcomes-based objectives to improve statewide EMS and trauma system effectiveness. EMS information additionally supports statewide emergency preparedness.

Going into the future, the OEMS/T must organizationally be able to plan, prescribe, react and evolve in response to the internal and external forces that may manifest themselves in each of these areas. To react to these changes, the OEMS/T has revised its rules and regulations, shed bureaucracy and taken steps to enhance its regulatory capabilities based upon improved alignments of people, process and technology.

Ability to Secure Grant Funding

The Emergency Medical Services for Children (EMSC) Program is a national initiative designed to reduce child and youth disability and death due to severe illness and injury. Medical personnel, parents and volunteers, community groups and businesses, and national organizations and foundations all contribute to the effort. HRSA administers the program in partnership with the U.S. Department of Transportation's National Highway Traffic Safety Administration.

Through the efforts led by the Deputy Director-OEMS/T working closely with the EMS Regions and partnering with other state and federal agencies, the OEMS/T has been able to obtain and effectively utilize grant monies to improve aspects of Georgia's public health infrastructure.

Since its establishment in 1984, the EMSC program has improved the availability of child-appropriate equipment in ambulances and emergency departments. It has initiated hundreds of programs to prevent injuries, and has provided thousands of hours of training to EMTs, paramedics and other emergency medical care providers.

Based upon a demonstration of need, EMSC grants fund States and U.S. Territories to improve existing emergency medical services systems and to develop and evaluate improved procedures and protocols for treating children. The EMSC program is the only federal program that focuses specifically on improving the quality of children's emergency care. Georgia gratefully acknowledges the funding it has received from this valuable program.

The Office of EMS/Trauma has also been able to secure grant funding from other federal agencies. In 2005, major programs were completed involving grant funds from the Office of Rural Health Services as well as the Health and Human Services Administration (HRSA). These grants were also competitive and were based upon Georgia's ability to provide data and appropriate justifications.

The Future of EMS is Information

With the introduction of computer technology beginning in the 1990's, the OEMS/T has been increasing called upon to be an information clearing house and provide a unified planning and continuous quality improvement direction for the collection and analysis of EMS, EMSC and trauma data for both rural and urban areas. It is now generally recognized that the analysis and production of meaningful EMS data is a core function central to supporting EMS regulation and system wide medical improvement.

In order for Georgia to fulfill its regulatory mission, new ways to collect and analyze EMS data must be rapidly developed. Infrastructure development is continuously required such that the building blocks can be put into place to support these needed capabilities.

In 2005, emergency medical services is still all about rapid response, initial treatment, and safe transport of a patient to a health care facility; however, it is now increasingly recognized that EMS also plays a role in data collection and analysis for prevention, education, and planning for improving community public health.

NEMSIS Participation

In 2004, Georgia signed a letter of intent to support and participate in the NEMSIS (National EMS Information System) data standard. Georgia recognizes that participation in NEMSIS and related activities provides relationships essential to develop a statewide EMS training curricula, CQI program and the development of EMS system indicators. Additionally, Georgia believes that the NEMSIS effort will (a) facilitate research efforts, (b) assist in providing information on fee schedules and reimbursement rates, (c) address resources for disaster and domestic preparedness, and (d) provide valuable information on other issues or areas of need related to EMS care.

Keeping Pace with Technology to Benefit Stakeholders

The OEMS/T is committed to keeping pace with rapidly changing technology to benefit our stakeholders. Dramatic technological change will reshape society and its institutions in the next five to ten years. The pace of this change is increasing. The Internet and other information and communications technologies are changing the way EMS works, learns, communicates, and the way EMS will do business. The Internet is shaping EMS in the same way that the steam engine and electricity defined the Industrial Age. Used creatively, the Internet and information technology can be a powerful tool for tackling some of our toughest challenges in improving statewide EMS. It can let us share information, make it easier to acquire new skills, and improve our ability to support our statewide regulatory mission.

For the OEMS/T, the long-term, strategic importance of anywhere access to information through an improved statewide EMS infrastructure—perhaps more than any other element—underpins the 10 GEMSIS goals outlined in Appendix A. A movement to web-based technologies over the next several years will make the OEMS/T more effective in carrying out its mission. The ability to produce and disseminate unique information provides an essential service and promotes more efficiency in governmental services.

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Summary of GEMSIS Programmatic Goals

Strategic Area	Objective
❶ EMS Strategy Development.	Establish the strategy, organizational structure, standard operating procedures, and funding necessary for the implementation and maintenance of a statewide EMS data collection, evaluation and improvement process.
❷ Comprehensive EMS Data Collection.	Establish a comprehensive data collection system capable of gathering, integrating, and reporting pertinent, timely and accurate data from all state EMS system participants, and provide data linkages with other state and federal agencies and organizations as appropriate.
❸ Published EMS Information Baseline.	Establish a mechanism(s) to ensure feedback of data reports to all contributing agencies while maintaining confidentiality and security of data. This process will include a mechanism for prehospital personnel to receive timely feedback on the diagnosis and disposition of their patients.
❹ Formalized EMS Benchmarks.	Establish standardized definitions, indicators, and benchmarks, include the consideration of all national EMS datasets to facilitate comparative analysis of local EMS system performance, quality of patient care, customer satisfaction, and system cost on a state and national level.
❺ Standardized EMS Data Utilization.	Establish a mechanism(s) to ensure data is utilized at the state, local and provider level for continuous quality improvement aimed at improving EMS services and quality of patient care decreasing death and disability, and reducing costs.
❻ EMS CQI.	Define EMS CQI programmatic needs and goals. Establish communication linkage(s) with EMS training and prevention programs to ensure needs identified through the evaluation process are integrated into the EMS training curriculum and prevention programs.
❼ EMS Training Curriculum Evolution.	Establish system evaluation training for all levels of EMS personnel to ensure proper documentation, data entry, analysis utilization of data and an understanding of the principles of research.
❽ EMS Research.	Establish agenda, guidelines and support mechanisms for conducting and funding Georgia-relevant EMS research.
❾ Uniform Rules & Regulations Administration.	Ensure immunity for medical control and quality improvement processes and discovery protection for all local and state EMS quality improvement efforts to ensure cooperation and participation of all EMS participants in patient care and EMS service evaluation.
❿ EMS Regulatory Operations Review.	Establish a mechanism(s) for the periodic performance evaluation of the state's EMS regulatory agency.

EMS Advisory Council (EMSAC) Membership

Steve Adams
Owner
West Georgia Ambulance Service

Wright Alcorn
Vice President Patient Services
Piedmont Hospital

James Benny Atkins
Chief Operating Officer
National EMS, Inc.

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Director of Emergency Medical
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Robert Cox, M. D.
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Department of Emergency Medicine

Ernie Doss
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Danny Edwards
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Tift Regional Medical Center Wound
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Jane Garbisch
Paul Genest
Director
Evans County EMS

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Southside Fire/EMS

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Whitfield County EMS

Zachery Holmes
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Lee Mitchell
Retired (Consultant)
Gwinnett Fire and Emergency Services

Suzanne K. Nieman
Associate Legislative Director
for Health and Human Services

Lee Percy Oliver III
Director Emergency Medical Services
The Medical Center of Central Georgia

Pete Quinones
President & CEO
Metro Atlanta Ambulance Service

Gary Rice
Georgia Emergency Management
Agency

Marvin Riggins
Chief
Macon Bibb County Fire Department

Jeannie Riner
Technical Instructor
Swainsboro Technical College

Richard Roberts
Training Supervisor
Dougherty County EMS

Joe Robinson
Chief Operating Officer
Mid Georgia Ambulance Service

Thomas R. Schneider
CEO
Gold Cross Emergency Medical Service

Courtney Terwilliger
Director
Emanuel County EMS

EMS Medical Directors Advisory Council (EMSMDAC) Membership

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Emergency Medicine
Physician

Dr. Michael Brackett
EMS Medical Director Elbert
County

Dr. Zeb L. Burrell, JR.
EMS Advisor

Dr. Phillip L. Coule
Director
Center of Operational
Medicine, Medical College
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Dr. Robert J. Cox
Region IV EMS Medical
Director

Dr. David H. Fagin
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Dr. Charles B. Gillespie
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Dr. Earl Grubbs
Paragon Emergency
Physicians

Dr. Michael D. Hagues
West Central Georgia
Region 7 EMS Medical
Director

Dr. John S. Harvey
General Surgery

Dr. James F. Hatcher, Jr.
Central Georgia Region 5
EMS Medical Director

Dr. Michael L. Hawkins
Surgery, Medical College
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Dr. Stephen E. Holbrook
Emergency Medicine
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Dr. George S. Houlditch
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Dr. Eli Warnock

Dr. Arthur H. Yancey, II
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Georgia Fast Facts

	Georgia	U. S.
Population, 2004 estimate	8,829,383	293,655,404
Population, percent change, April 1, 2000 to July 1, 2003	6.1%	3.3%
Population, 2000	8,186,453	281,421,906
Population, percent change, 1990 to 2000	26.4%	13.1%
Persons under 5 years old, percent, 2000	7.3%	6.8%
Persons under 18 years old, percent, 2000	26.5%	25.7%
Persons 65 years old and over, percent, 2000	9.6%	12.4%
Female persons, percent, 2000	50.8%	50.9%
White persons, percent, 2000 (a)	65.1%	75.1%
Black or African American persons, percent, 2000 (a)	28.7%	12.3%
American Indian and Alaska Native persons, percent, 2000 (a)	0.3%	0.9%
Asian persons, percent, 2000 (a)	2.1%	3.6%
Native Hawaiian and Other Pacific Islander, percent, 2000 (a)	0.1%	0.1%
Persons reporting some other race, percent, 2000 (a)	2.4%	5.5%
Persons reporting two or more races, percent, 2000	1.4%	2.4%
White persons, not of Hispanic/Latino origin, percent, 2000	62.6%	69.1%
Persons of Hispanic or Latino origin, percent, 2000 (b)	5.3%	12.5%
Living in same house in 1995 and 2000', pct age 5+, 2000	49.2%	54.1%
Foreign born persons, percent, 2000	7.1%	11.1%
Language other than English spoken at home, pct age 5+, 2000	9.9%	17.9%
High school graduates, percent of persons age 25+, 2000	78.6%	80.4%
Bachelor's degree or higher, pct of persons age 25+, 2000	24.3%	24.4%
Persons with a disability, age 5+, 2000	1,456,812	49,746,248
Mean travel time to work (minutes), workers age 16+, 2000	27.7	25.5
Housing units, 2002	3,487,088	119,302,132
Homeownership rate, 2000	67.5%	66.2%
Housing units in multi-unit structures, percent, 2000	20.8%	26.4%
Median value of owner-occupied housing units, 2000	$111,200	$119,600
Households, 2000	3,006,369	105,480,101
Persons per household, 2000	2.65	2.59
Median household income, 1999	$42,433	$41,994
Per capita money income, 1999	$21,154	$21,587
Persons below poverty, percent, 1999	13.0%	12.4%

U.S. Census Bureau

Georgia Prehospital General Reports

Year 2000 Total: 645,682

Response Mode to Scene:

Red Lights And Sirens	429,538
No Red Lights and Sirens	197,781
Downgraded	961
Walk-in/Drive-up	13,154
Upgraded	395

Primary Clinical Area:

Medical	175,885
Cardiac	30,725
OB/Gyn	5,054
Psych	6,522
Neonate	53,265
Trauma	82,824

Location Of Call:

Home/Residence	274,538
Physician/Clinic	19,109
Other Location	38,073
Farm	501
Street/Highway	101,89
Unspecified Location	61,071
Mine/Quarry	431
Public Building	921
Hospital	89,543
Industrial	7,112
Residential	41,359
Educational Institution	2,447
Recreation/Sporting	5,550

Environmental Causes:

Abuse	7,578
Neglect	1,040
Alcohol	14,188
Nutrition	1,075
Housing	18,762
Substance	6,869
Not Applicable	382,668

Mechanism Of Injury:

Accidentally Hit	2,991
Machinery	858
Radiation	13
Aircraft	137
Motorcycle	1,454
Rape	170
Assault	12,228
Motor Vehicle Crash	69,869
RX Overdose	3,471
Bicycle	1,090
GSW Assault	1,144
Smoke	259
Bite	1,182
GSW Self-Inflicted	538
Stabbing	1,123
Electrical	788
Heat Exposure	655
Stings	507
Falls	45,017
Off Road Vehicle	439
Suffocation	53
Falling Objects	2,201
Other	47,277
Watercraft	115
Fire	1,460
Pedestrian	1,049
Lightning	66
GSW Accidental	208
Unknown	14,885

Destination Choice:

Closest	116,457
Law Enforcement	6,351
Speciality	6,015
Pt/Family Choice	327,407
Managed Care	6,126
On-Line Medical Control	1,528
Pt Physician	66,779
Protocol	12,568
Diversion	1,902
Trauma Center	2
Other	6,889

Incident/Patient Disposition:

Treated And Transported	387,432
No Patient Found	825
Treated Transferred Care	12,523
False Call	3,034
Treated Transferred POV	6,121
Refused All	0
Treated And Released	12,150
Assist At Home	3,332
Treated And Refused Trans	39,788
Dead At Scene	5,508
Transport Only	0
No Treatment Required	12,461
Cancelled	25,715
N/A	28,017

Calls By Race And Gender

	African American	Asian	Caucasian	Hispanic	Native American	Other	Unknown
Female	111,266	1,734	189,233	4,901	250	2,290	15,501
Male	85,954	1,316	155,484	7,160	193	2,407	12,582
Unknown	636	12	1,046	83	2	34	49,583

Georgia Prehospital General Reports

Year 2001 Total: 560,989

Response Mode to Scene:

Red Lights And Sirens	384,591
No Red Lights and Sirens	167,100
Downgraded	1,119
Walk-in/Drive-up	4,476
Upgraded	285

Primary Clinical Area:

Medical	278,970
Cardiac	42,123
OB/Gyn	8,363
Psych	10,726
Neonate	38,077
Trauma	128,957

Location Of Call:

Home/Residence	252,154
Physician/Clinic	17,291
Other Location	12,295
Farm	453
Street/Highway	88,598
Unspecified Location	50,394
Mine/Quarry	175
Public Building	2,605
Hospital	71,184
Industrial	5,465
Residential	37,810
Educational Institution	1,642
Recreation/Sporting	4,855

Environmental Causes:

Abuse	4,445
Neglect	1,021
Alcohol	11,021
Nutrition	1,061
Housing	6,162
Substance	7,903
Not Applicable	360,356

Mechanism Of Injury:

Accidentally Hit	1,430
Machinery	624
Radiation	10
Aircraft	133
Motorcycle	1,421
Rape	143
Assault	10,846
Motor Vehicle Crash	60,738
RX Overdose	3,001
Bicycle	867
GSW Assault	996
Smoke	200
Bite	1,035
GSW Self-Inflicted	461
Stabbing	1,000
Electrical	288
Heat Exposure	446
Stings	602
Falls	38,902
Off Road Vehicle	418
Suffocation	37
Falling Objects	1,443
Other	43,064
Watercraft	1,258
Fire	1,477
Pedestrian	1,003
Lightning	40
GSW Accidental	205
Unknown	68,049

Destination Choice:

Closest	98,536
Law Enforcement	5,544
Speciality	3,654
Pt/Family Choice	325,440
Managed Care	2,754
On-Line Medical Control	1,160
Pt Physician	48,569
Protocol	11,966
Diversion	1,902
Trauma Center	32
Other	6,067

Incident/Patient Disposition:

Treated And Transported	355,032
No Patient Found	4,969
Treated Transferred Care	8,591
False Call	2,536
Treated Transferred POV	5,039
Refused All	0
Treated And Released	10,044
Assist At Home	2,815
Treated And Refused Trans	35,628
Dead At Scene	4,976
Transport Only	0
No Treatment Required	8,482
Cancelled	18,965
N/A	15,977

Calls By Race And Gender

	African American	Asian	Caucasian	Hispanic	Native American	Other	Unknown
Female	106,439	1,588	162,440	4,408	108	1,337	8,609
Male	82,692	1,238	133,632	6,365	104	1,425	7,569
Unknown	381	21	574	39	2	14	28,760

Georgia Prehospital General Reports

Year 2002 Total: 379,538

Response Mode to Scene:

Red Lights And Sirens	266,543
No Red Lights and Sirens	103,187
Downgraded	818
Walk-in/Drive-up	974
Upgraded	212

Primary Clinical Area:

Medical	205,802
Cardiac	33,289
OB/Gyn	5,447
Psych	7,882
Neonate	1,964
Trauma	92,636

Location Of Call:

Home/Residence	171,840
Physician/Clinic	11,444
Other Location	14,440
Farm	441
Street/Highway	58,411
Unspecified Location	6,803
Mine/Quarry	51
Public Building	8,171
Hospital	48,862
Industrial	3,156
Residential	12,089
Educational Institution	1,208
Recreation/Sporting	2,828

Environmental Causes:

Abuse	3,325
Neglect	489
Alcohol	3,699
Nutrition	2,176
Housing	764
Substance	95,726
Not Applicable	139,501

Mechanism Of Injury:

Accidentally Hit	801
Machinery	344
Radiation	3
Aircraft	816
Motorcycle	896
Rape	92
Assault	6,675
Motor Vehicle Crash	39,135
RX Overdose	1,750
Bicycle	506
GSW Assault	540
Smoke	115
Bite	576
GSW Self-Inflicted	268
Stabbing	655
Electrical	285
Heat Exposure	259
Stings	199
Falls	24,741
Off Road Vehicle	267
Suffocation	26
Falling Objects	671
Other	18,353
Watercraft	128
Fire	955
Pedestrian	585
Lightning	28
GSW Accidental	168
Unknown	53,989

Destination Choice:

Closest	69,372
Law Enforcement	3,250
Speciality	2,738
Pt/Family Choice	197,472
Managed Care	1,834
On-Line Medical Control	680
Pt Physician	36,331
Protocol	6,951
Diversion	1,166
Trauma Center	3
Other	2,518

Incident/Patient Disposition:

Treated And Transported	228,585
No Patient Found	4,675
Treated Transferred Care	5,702
False Call	1,527
Treated Transferred POV	4,809
Refused All	0
Treated And Released	8,315
Assist At Home	2,581
Treated And Refused Trans	23,687
Dead At Scene	3,380
Transport Only	0
No Treatment Required	6,220
Cancelled	10,100
N/A	4,171

Calls By Race And Gender

	African American	Asian	Caucasian	Hispanic	Native American	Other	Unknown
Female	70,512	886	110,442	745	121	157	4,397
Male	54,558	778	90,472	1,046	126	175	4,141
Unknown	37	2	77	5	1	3	1,987

Georgia Prehospital General Reports

Year 2003 Total: 337,085

Response Mode to Scene:

Red Lights And Sirens	233,485
No Red Lights and Sirens	93,490
Downgraded	526
Walk-in/Drive-up	811
Upgraded	197

Primary Clinical Area:

Medical	185,622
Cardiac	27,021
OB/Gyn	4,201
Psych	7,082
Neonate	630
Trauma	78,538

Location Of Call:

Home/Residence	152,382
Physician/Clinic	9,136
Other Location	21,092
Farm	350
Street/Highway	48,965
Unspecified Location	355
Mine/Quarry	44
Public Building	9,345
Hospital	42,373
Industrial	5,727
Residential	4,224
Educational Institution	1,280
Recreation/Sporting	2,189

Environmental Causes:

Abuse	2,564
Neglect	406
Alcohol	3,031
Nutrition	3,709
Housing	604
Substance	80,306
Not Applicable	85,636

Mechanism Of Injury:

Accidentally Hit	540
Machinery	278
Radiation	4
Aircraft	62
Motorcycle	919
Rape	67
Assault	5,549
Motor Vehicle Crash	32,871
RX Overdose	1,606
Bicycle	368
GSW Assault	389
Smoke	100
Bite	523
GSW Self-Inflicted	272
Stabbing	547
Electrical	107
Heat Exposure	176
Stings	189
Falls	21,465
Off Road Vehicle	254
Suffocation	26
Falling Objects	486
Other	11,612
Watercraft	41
Fire	813
Pedestrian	467
Lightning	21
GSW Accidental	119
Unknown	33,412

Destination Choice:

Closest	56,707
Law Enforcement	2,982
Speciality	2,450
Pt/Family Choice	176,574
Managed Care	2,185
On-Line Medical Control	405
Pt Physician	32,785
Protocol	7,715
Diversion	817
Trauma Center	63
Other	3,993

Incident/Patient Disposition:

Treated And Transported	205,588
No Patient Found	4,334
Treated Transferred Care	6,415
False Call	1,365
Treated Transferred POV	1,937
Refused All	0
Treated And Released	4,393
Assist At Home	2,682
Treated And Refused Trans	22,992
Dead At Scene	3,231
Transport Only	0
No Treatment Required	5,741
Cancelled	7,790
N/A	5,673

Calls By Race And Gender

	African American	Asian	Caucasian	Hispanic	Native American	Other	Unknown
Female	63,180	761	102,182	204	89	32	3,564
Male	49,445	578	82,695	336	80	20	3,253
Unknown	33	6	86	0	0	129	1,516

Georgia Prehospital General Reports

Year 2004 Total: 425,452

Response Mode to Scene:

Red Lights And Sirens	306,034
No Red Lights and Sirens	102,813
Downgraded	764
Walk-in/Drive-up	861
Upgraded	212

Primary Clinical Area:

Medical	241,160
Cardiac	32,487
OB/Gyn	6,057
Psych	10,019
Neonate	816
Trauma	100,934

Location Of Call:

Home/Residence	199,779
Physician/Clinic	10,801
Other Location	29,780
Farm	454
Street/Highway	64,906
Unspecified Location	464
Mine/Quarry	67
Public Building	15,922
Hospital	48,112
Industrial	3,606
Residential	3,792
Educational Institution	448
Recreation/Sporting	2,789

Environmental Causes:

Abuse	3,100
Neglect	471
Alcohol	3,431
Nutrition	1,580
Housing	459
Substance	85,123
Not Applicable	61,758

Mechanism Of Injury:

Accidentally Hit	656
Machinery	375
Radiation	4
Aircraft	72
Motorcycle	1,193
Rape	137
Assault	6,910
Motor Vehicle Crash	41,748
RX Overdose	1,614
Bicycle	477
GSW Assault	503
Smoke	109
Bite	665
GSW Self-Inflicted	260
Stabbing	630
Electrical	75
Heat Exposure	207
Stings	216
Falls	25,905
Off Road Vehicle	297
Suffocation	29
Falling Objects	559
Other	15,261
Watercraft	42
Fire	788
Pedestrian	636
Lightning	25
GSW Accidental	121
Unknown	70,565

Destination Choice:

Closest	69,281
Law Enforcement	3,555
Speciality	3,412
Pt/Family Choice	218,861
Managed Care	1,801
On-Line Medical Control	439
Pt Physician	36,725
Protocol	11,087
Diversion	1,070
Trauma Center	165
Other	5,163

Incident/Patient Disposition:

Treated And Transported	260,596
No Patient Found	5,343
Treated Transferred Care	8,849
False Call	1,762
Treated Transferred POV	1,805
Refused All	0
Treated And Released	11,851
Assist At Home	2,691
Treated And Refused Trans	26,367
Dead At Scene	3,800
Transport Only	0
No Treatment Required	10,573
Cancelled	13,209
N/A	5,703

Calls By Race And Gender

	African American	Asian	Caucasian	Hispanic	Native American	Other	Unknown
Female	80,948	1,061	117,142	145	237	29	1,645
Male	61,491	741	96,006	207	161	36	1,660
Unknown	64	7	133	5	7	444	2,097

Georgia Prehospital General Reports

Year 2005 Total: 459,850

Response Mode to Scene:

Red Lights And Sirens	312,472
No Red Lights and Sirens	121,704
Downgraded	781
Walk-in/Drive-up	977
Upgraded	333

Primary Clinical Area:

Medical	264,183
Cardiac	33,581
OB/Gyn	5,873
Psych	11,401
Neonate	793
Trauma	101,111

Location Of Call:

Home/Residence	209,406
Physician/Clinic	12,715
Other Location	29,197
Farm	448
Street/Highway	64,780
Unspecified Location	1,195
Mine/Quarry	56
Public Building	16,442
Hospital	58,340
Industrial	3,330
Residential	4,246
Educational Institution	514
Recreation/Sporting	2,789

Environmental Causes:

Abuse	2,499
Neglect	393
Alcohol	2,919
Nutrition	1,313
Housing	398
Substance	73,295
Not Applicable	79,670

Mechanism Of Injury:

Accidentally Hit	581
Machinery	482
Radiation	5
Aircraft	58
Motorcycle	1,406
Rape	111
Assault	6,436
Motor Vehicle Crash	38,806
RX Overdose	1,692
Bicycle	464
GSW Assault	461
Smoke	82
Bite	720
GSW Self-Inflicted	270
Stabbing	566
Electrical	66
Heat Exposure	213
Stings	173
Falls	25,828
Off Road Vehicle	408
Suffocation	36
Falling Objects	541
Other	14,758
Watercraft	41
Fire	756
Pedestrian	676
Lightning	23
GSW Accidental	135
Unknown	63,883

Incident/Patient Disposition:

Treated And Transported	261,189
No Patient Found	5,086
Treated Transferred Care	11,383
False Call	1,860
Treated Transferred POV	1,295
Refused All	0
Treated And Released	9,611
Assist At Home	2,595
Treated And Refused Trans	22,906
Dead At Scene	3,564
Transport Only	0
No Treatment Required	12,913
Cancelled	13,258
N/A	6,183

Calls By Race And Gender

	African American	Asian	Caucasian	Hispanic	Native American	Other	Unknown
Female	74,618	953	125,157	269	133	36	938
Male	57,242	687	100,642	338	140	37	1,018
Unknown	40	3	99	10	0	832	4,950

Georgia Department of Human Resources, Division of Public Health

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